

The Impact of Mental Illness on Rhode Islanders: Statistical Measurement

Mental Health Association of
Rhode Island
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Statistical Measurement

MENTAL HEALTH ASSOCIATION
OF RHODE ISLAND

The mission of the Mental Health Association of Rhode Island is to promote mental health, prevent mental illness, and improve mental health services through advocacy, education, and research.

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INTRODUCTION

The motivation for this report is to assess and document the impact of serious mental illness on the life and functionality of persons who suffer from this brain disease. This report is about the impact of serious mental illness on people, not the mental health service delivery system.

In March 2010, the Mental Health Association of Rhode Island (MHARI) produced a statistical report entitled Mental Health Performance Measurement & Public Reporting, CHART BOOK. This report was based largely on data from the U.S. Substance Abuse & Mental Health Services Administration (SAMHSA) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH). The report compares the performance of Rhode Island's publicly funded mental health system to U.S. averages, to other selected States, and to itself over time. It takes a system and services perspective. This CHART BOOK report is available on the MHARI website: <http://www.mhari.org/pdf/chartbook.pdf>

This second statistical report takes a different tack. It focuses on the impact of mental illness on the lives of those who suffer from and struggle with mental illness: the human perspective. This report looks at the relationship between mental illness and health status, socio-economic status, health care utilization, and criminal justice involvement. As much as possible this report is based on Rhode Island data not specific to the publicly funded mental health system in the State. This report is based on a variety of national and state data which do not necessarily use a consistent definition of mental illness. Priority was given to Rhode Island data but where Rhode Island data were not available, national estimates were used.

Taken as a whole, this report documents that serious mental illness affects all aspects of one's life: health, education, employment, income, housing, social support, and safety. It is clear from this report that people suffering with serious mental illness require a comprehensive array of health and human services to promote and protect their well being. The more fragmented these services are, the more likely it is that the individual with a serious mental illness will not succeed in establishing and maintaining a stable and satisfying living experience. This report is also available on the MHARI website: http://www.mhari.org/pdf/mentalhealthreport_07_12_2011.pdf

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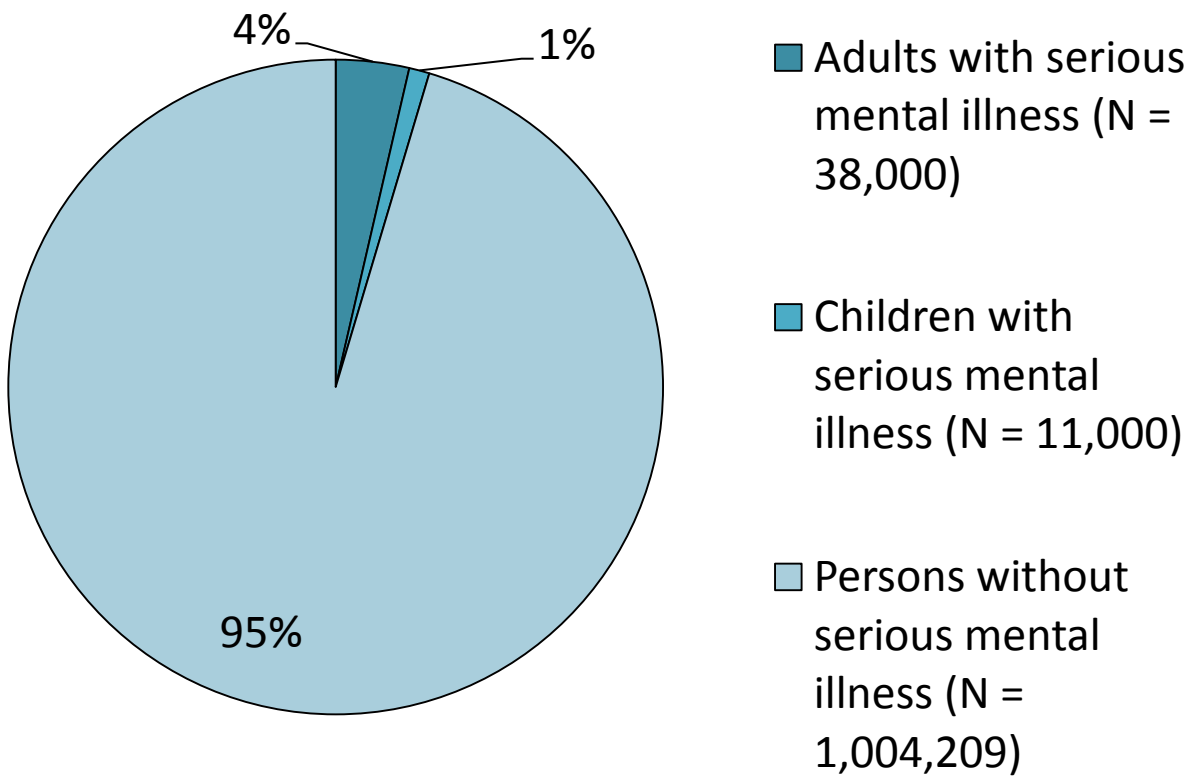
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A. Mental Illness and Health Status

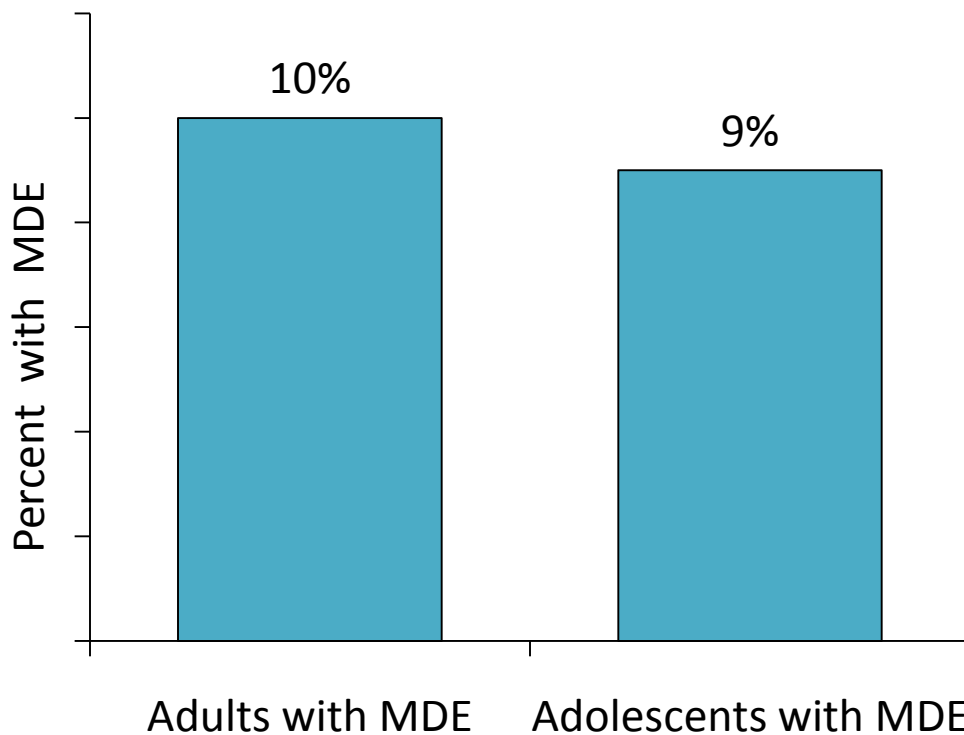
This section includes data from RI's Behavioral Risk Factor Surveillance System (**BRFSS**) <http://www.health.ri.gov/data/behaviorriskfactorsurvey/>, from the National Alliance on Mental Illness (**NAMI**) State Advocacy 2010 report for RI <http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93518> as well as from other sources as indicated.

Rhode Islanders Living with Serious Mental Illness



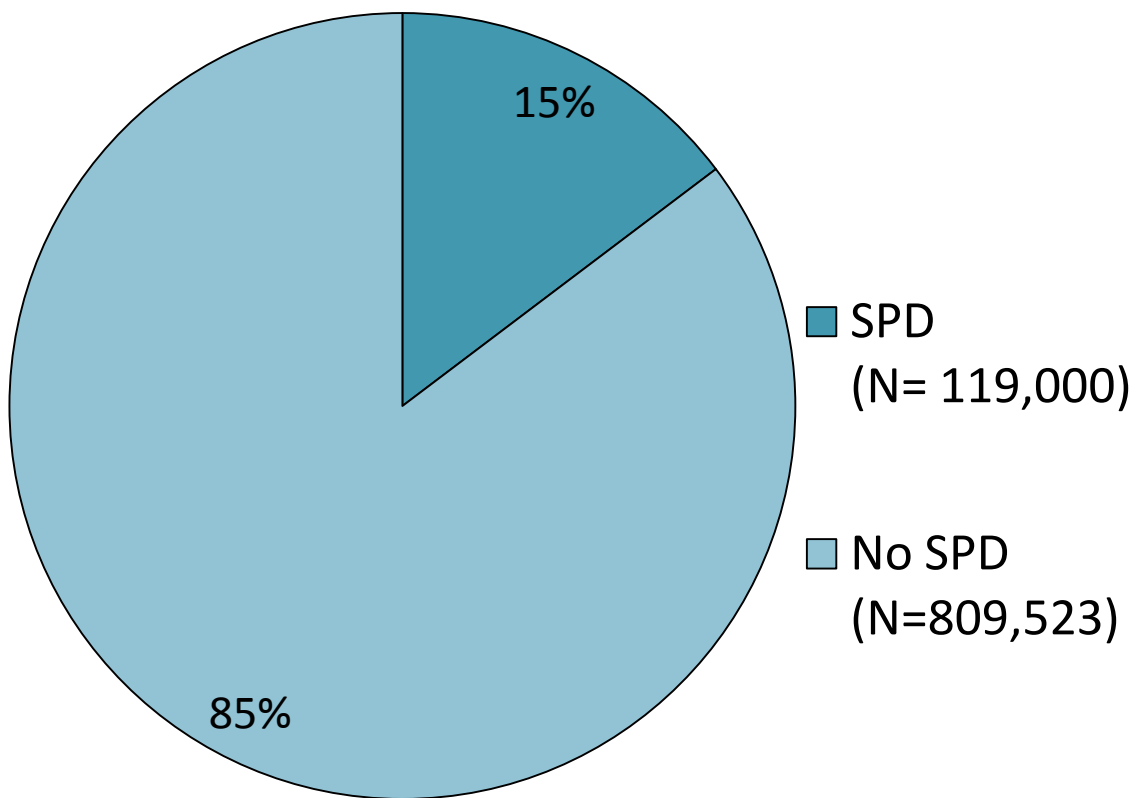
Of RI's approximately 1.1 million residents, about 38,000 adults and 11,000 children live with serious mental illness.

Adults and Adolescents with Past Year Major Depressive Episode, RI 2004 - 2005



10% of RI adults and 9% of adolescents (ages 12 – 17) have experienced a major depressive episode in the prior year.

Adults Ages 18 and Older with Serious Psychological Distress (SPD) in the Past Year*, RI 2005 – 2007 Annual Average

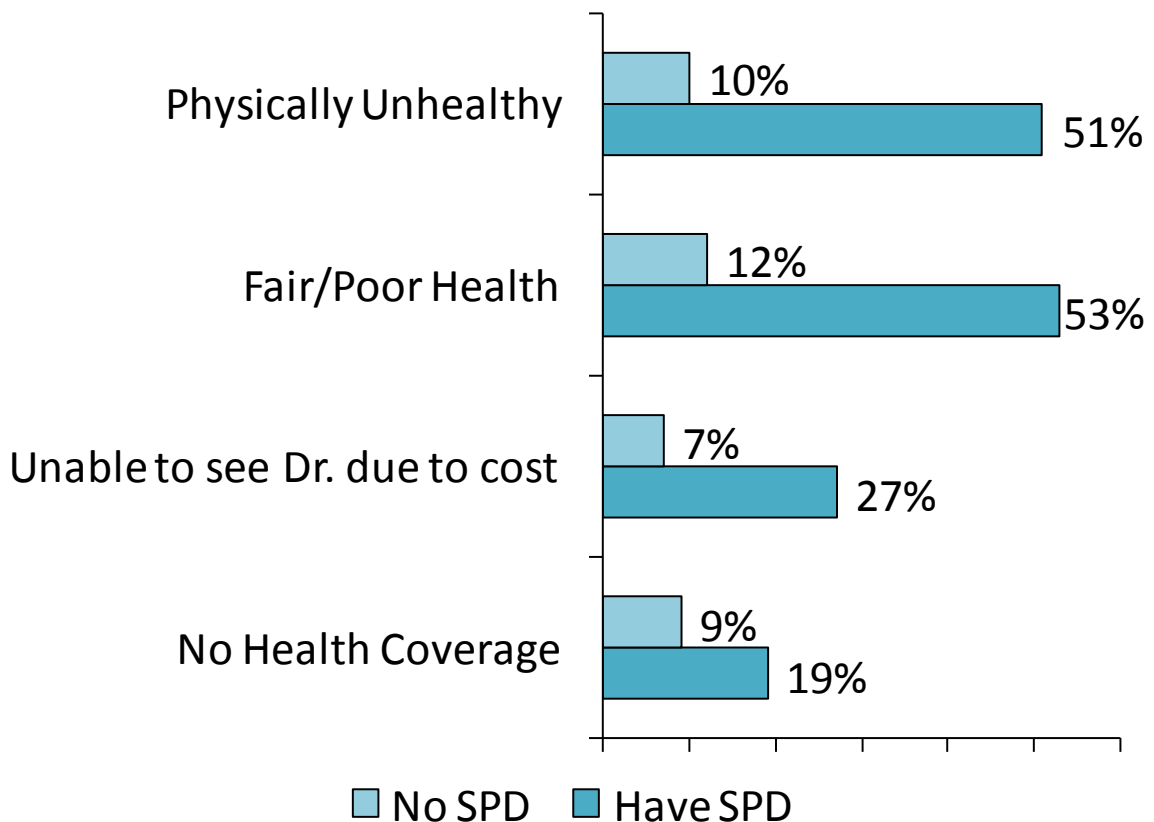


15% of persons 18 and older in RI suffered from serious psychological distress during the prior year.

*Note: In other charts in this report SPD is reported for the prior month; here it is reported for the prior year.

Data Source: Mental Health United States, 2008

Health Status and Access to Care Among Adults with Serious Psychological Distress (SPD)*, RI 2007

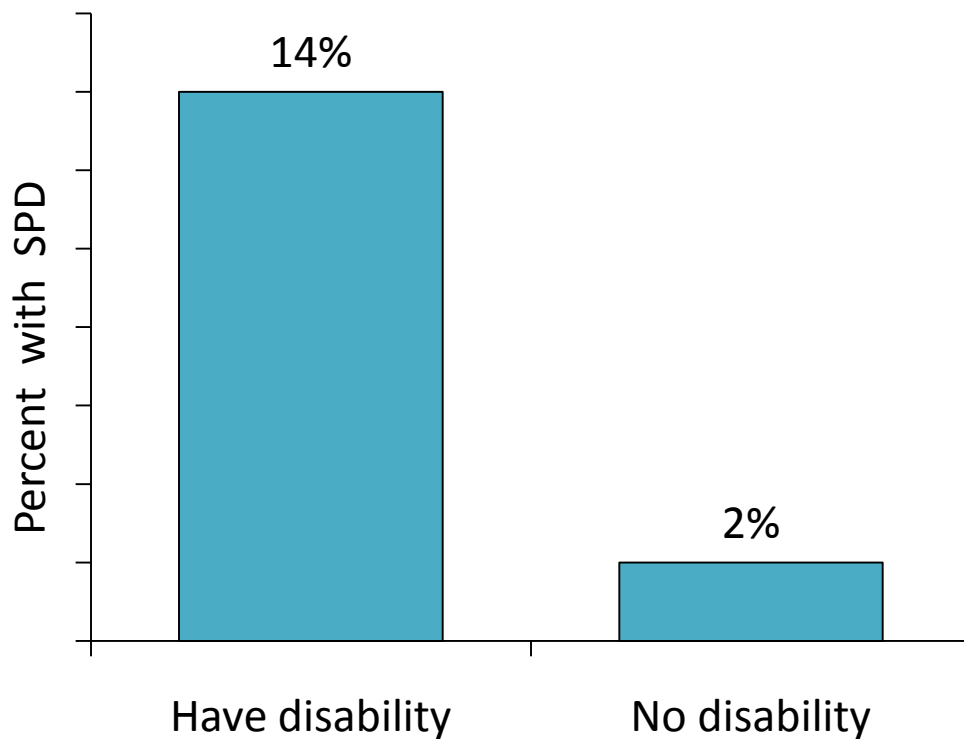


RI Adults with SPD are much more likely than other adults to be in poor health and to have limited access to health care.

*During the past month.

Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Serious Psychological Distress (SPD)* Among Adults with Disabilities, RI 2007

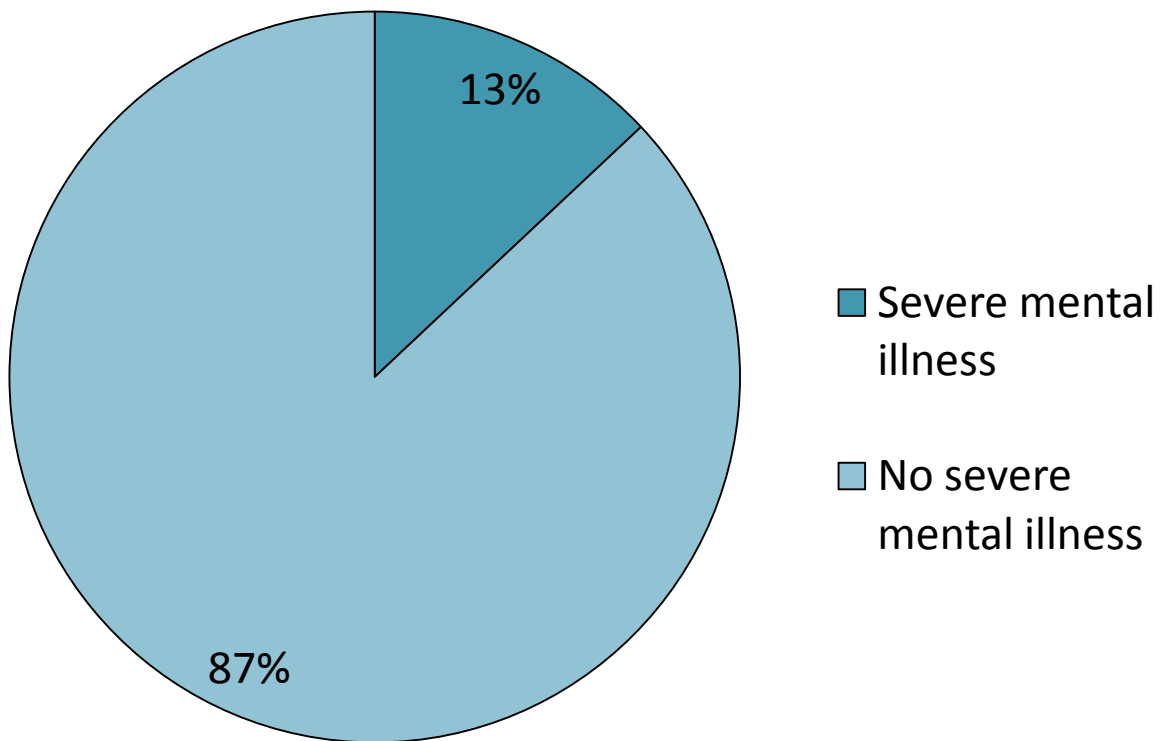


14% of RI adults with a disability suffer from SPD, compared with 2% of adults who are not disabled.

*During the past month.

Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

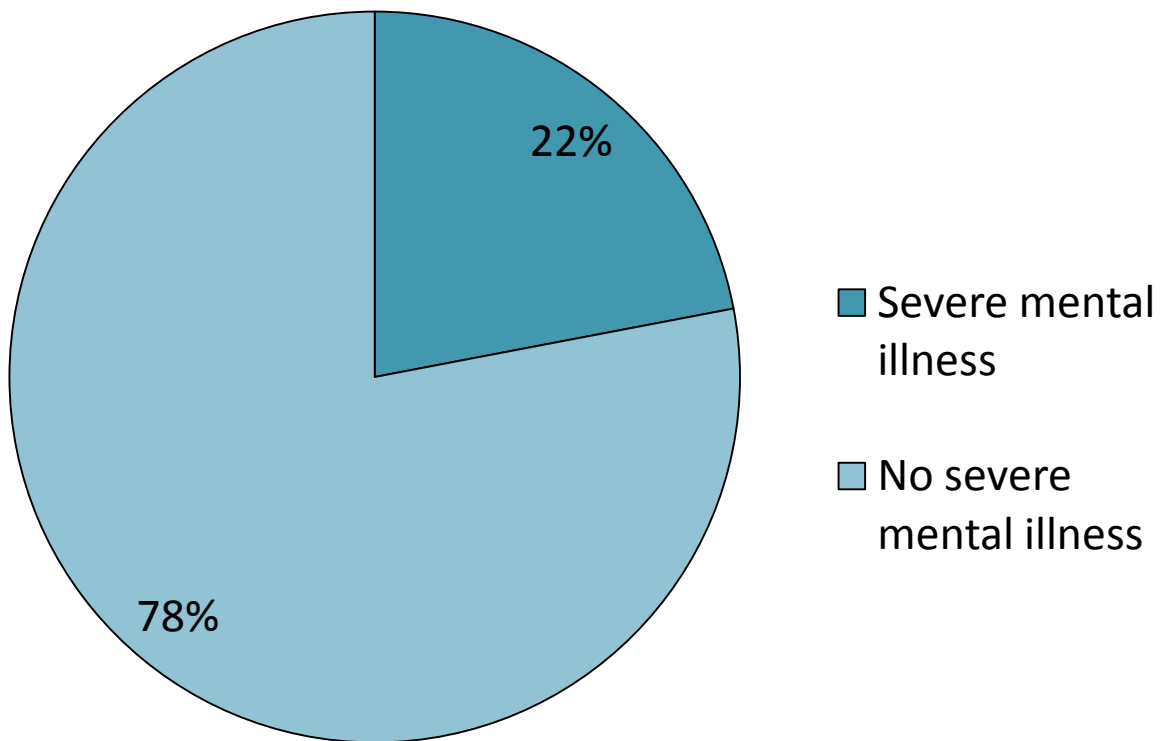
Youth Ages 8 – 15 Living with Mental Illness Severe Enough to Cause Significant Functional Impairment (2001 – 2004 National Estimate)



13% of young persons 8 – 15 live with mental illness severe enough to cause significant impairment in their day-to-day lives.

Data source: Merikangas, KR, et al, Prevalence and treatment of mental disorders Among US children in the 2001-2004 NHANES. Pediatrics, 2010 Jan;125 (1): 75-81

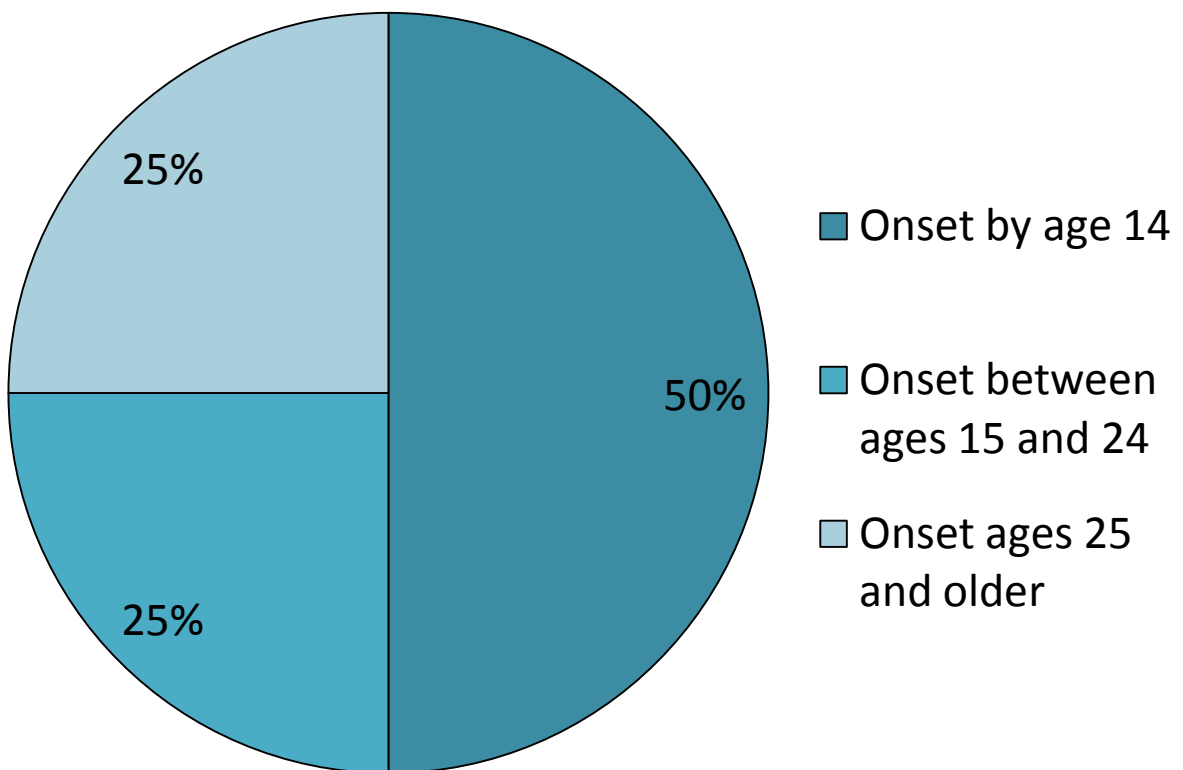
Youth Ages 13 – 18 Living with Mental Illness Severe Enough to Cause Significant Functional Impairment (2001 – 2003 National Estimate)



22% of young persons 13 – 18 live with mental illness severe enough to cause significant impairment in their day-to-day lives.

Data source: Merikangas, KR, et al, Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication – Adolescent Supplement (NCS-A), J Am Acad Child Adolesc Psychiatry 2010 Oct; 49(10): 980-9

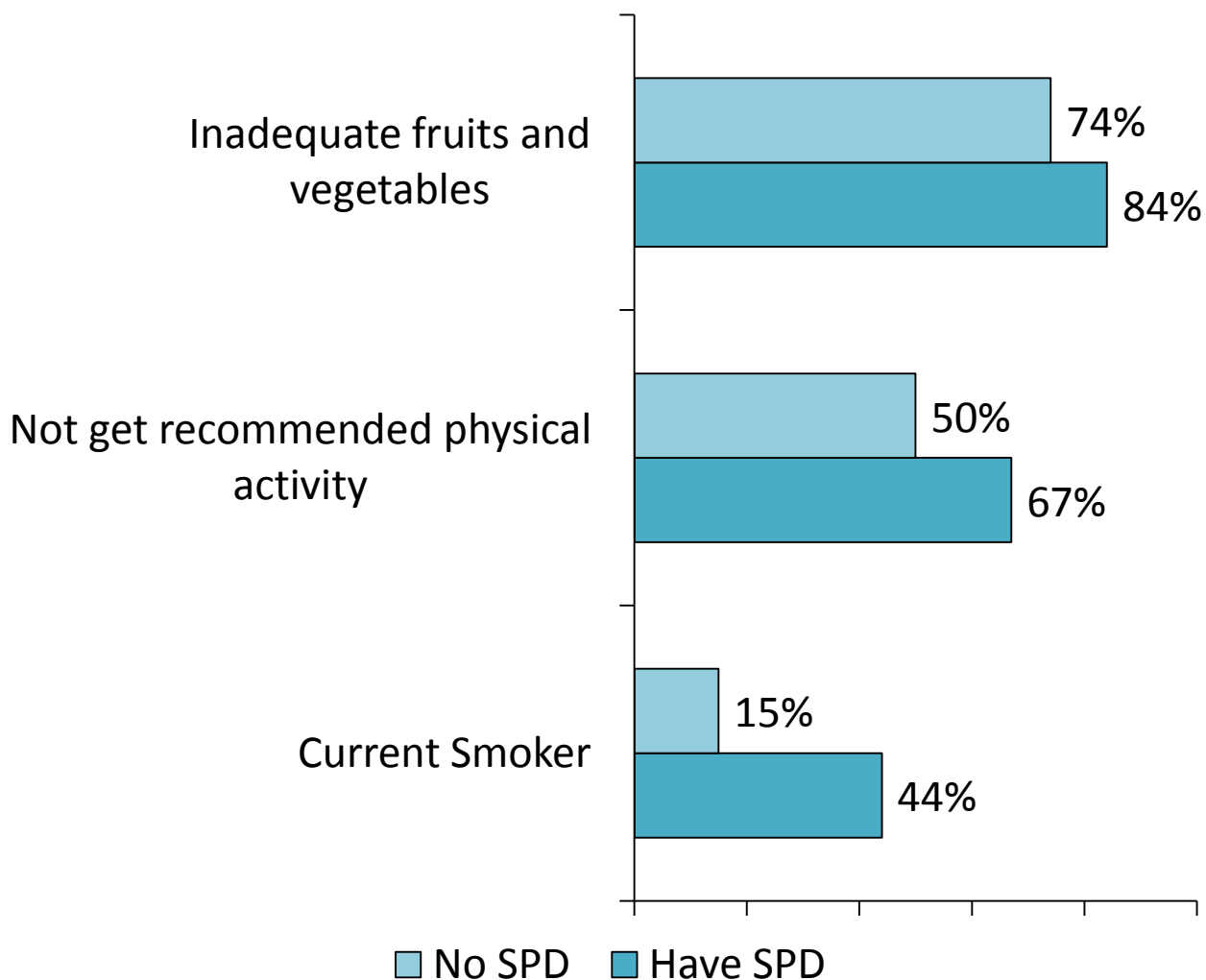
Age at Onset of Lifetime Mental Illness (2001 - 2003 National Estimate)



Half of all lifetime cases of mental illness begin by age 14 and three quarters by age 24.

Data source: Kuehn, B. M. Mental Illness Takes Heavy Toll on Youth. JAMA 2005; 294(3): 293 -295.

Behavioral Health Risks Among Adults with Serious Psychological Distress (SPD)*, RI 2007

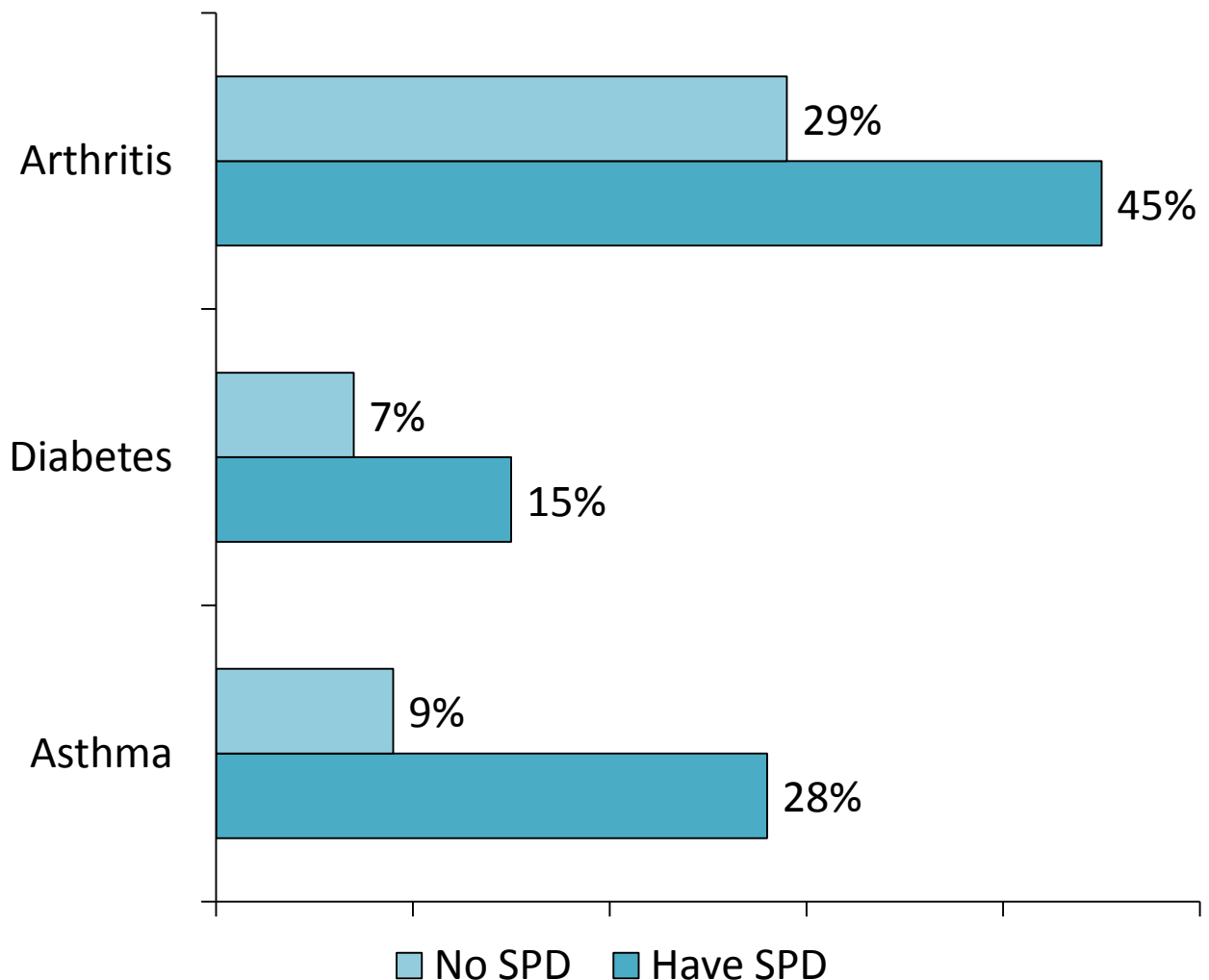


RI adults with SPD are significantly more likely than others to eat inadequate amounts fruits and vegetables, to get insufficient physical activity, and to be smokers.

*During the past month.

Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Diseases Among Adults with Serious Psychological Distress (SPD)*, RI 2007

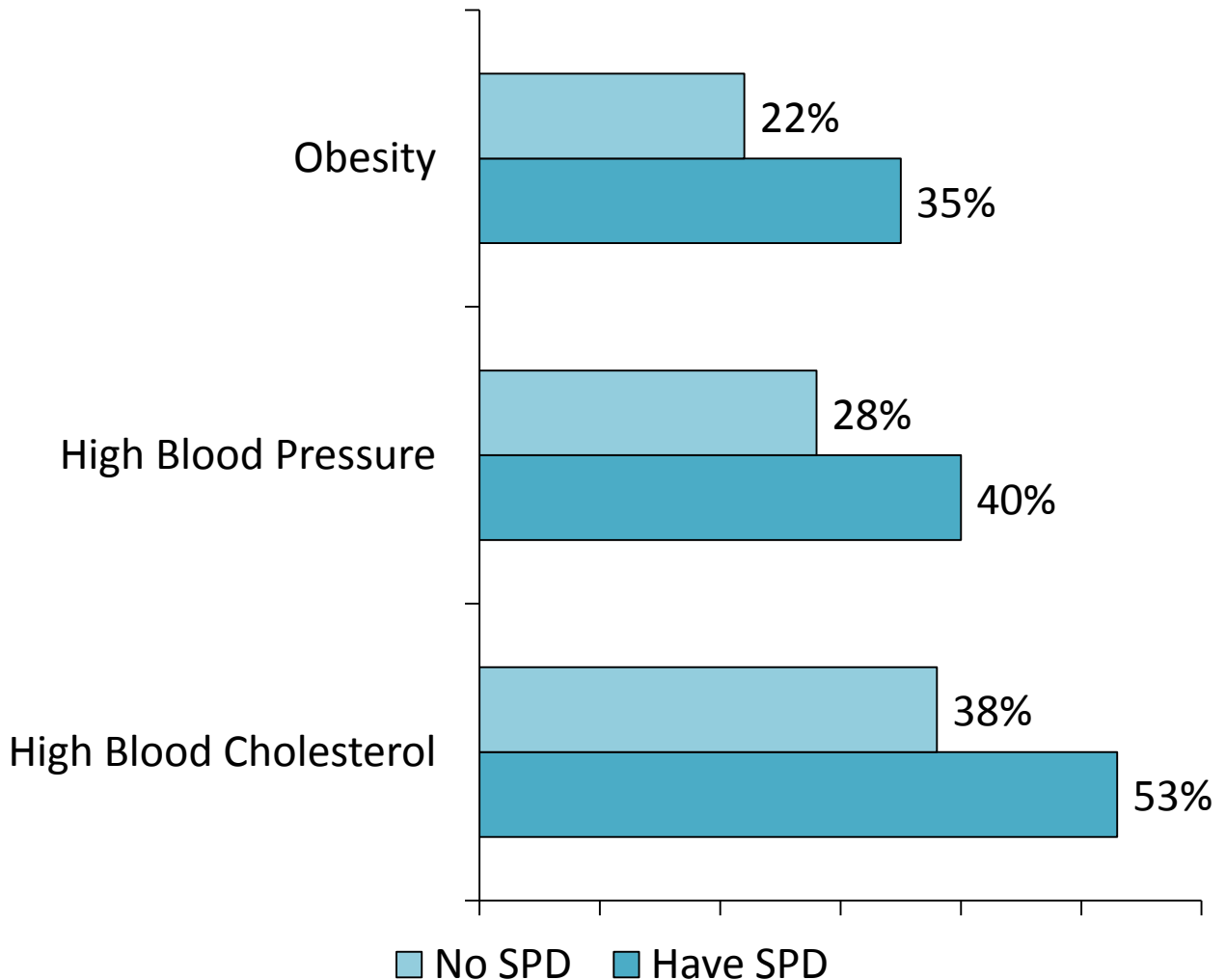


RI Adults with SPD are significantly more likely than other adults to suffer from arthritis, diabetes and/or asthma.

*During the past month.

Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Health Conditions Among Adults with Serious Psychological Distress (SPD)*, RI 2007

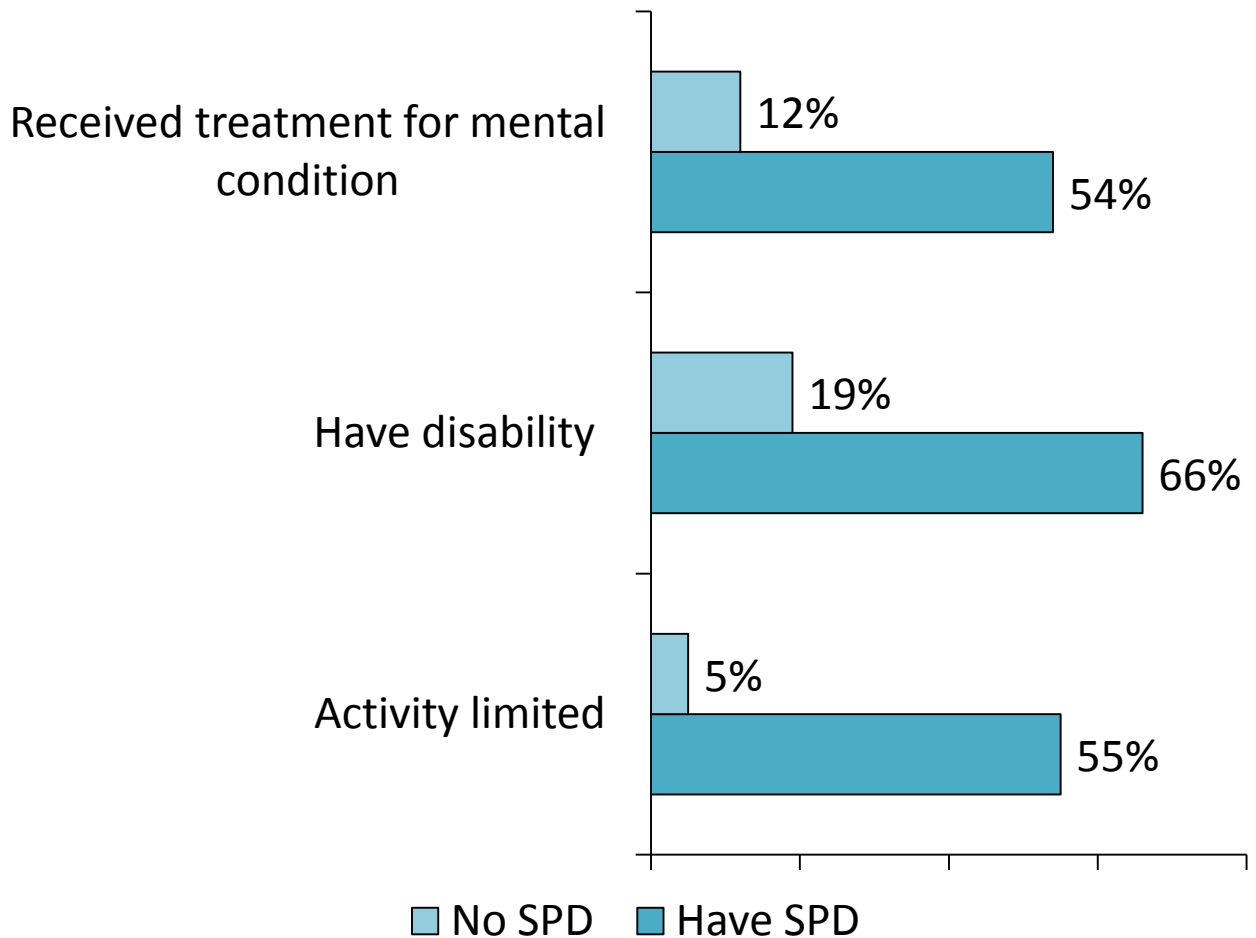


RI Adults with SPD are at significantly more likely than other adults to have obesity, high blood pressure, and/or high blood cholesterol.

*During the past month.

Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Treatment and Disability Among Adults with Serious Psychological Distress (SPD)*, RI 2007

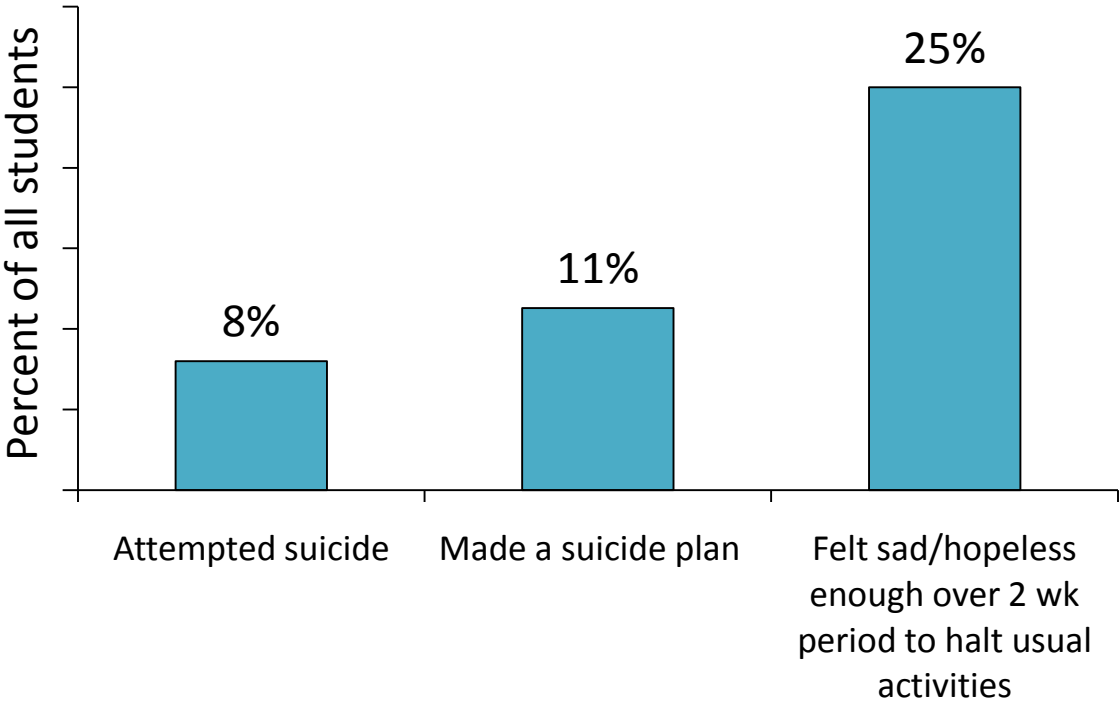


RI Adults with SPD are significantly more likely than other adults to have received treatment for a mental condition, to be disabled and/or have activity limitations.

*During the past month.

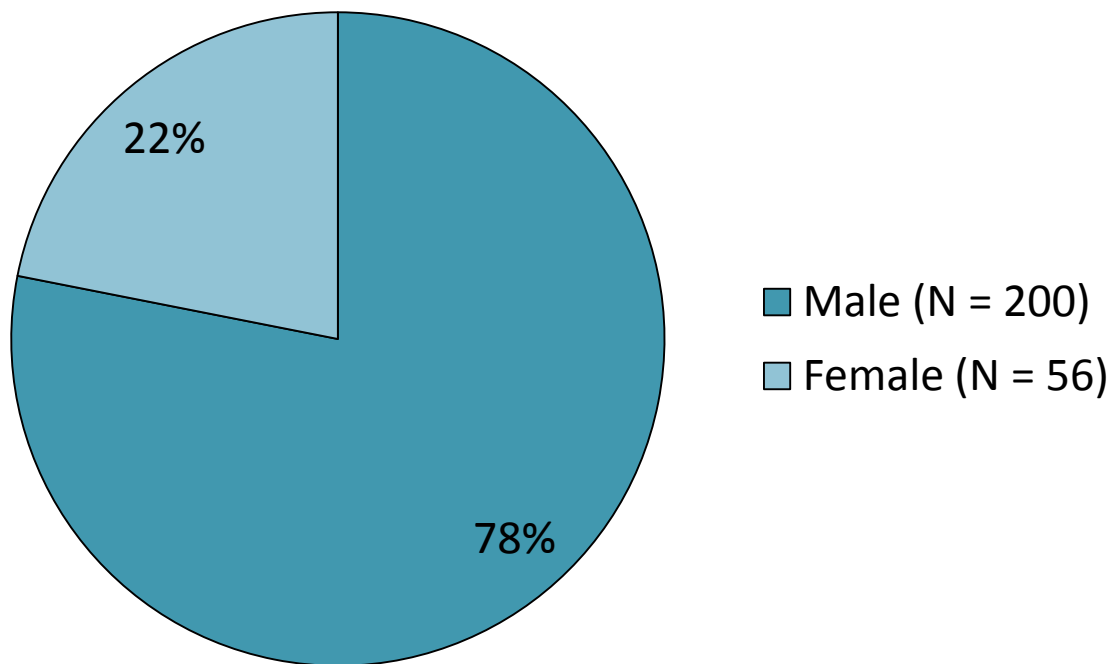
Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

High School Students Reporting Suicidal Ideation and Suicide Attempts, RI 2009



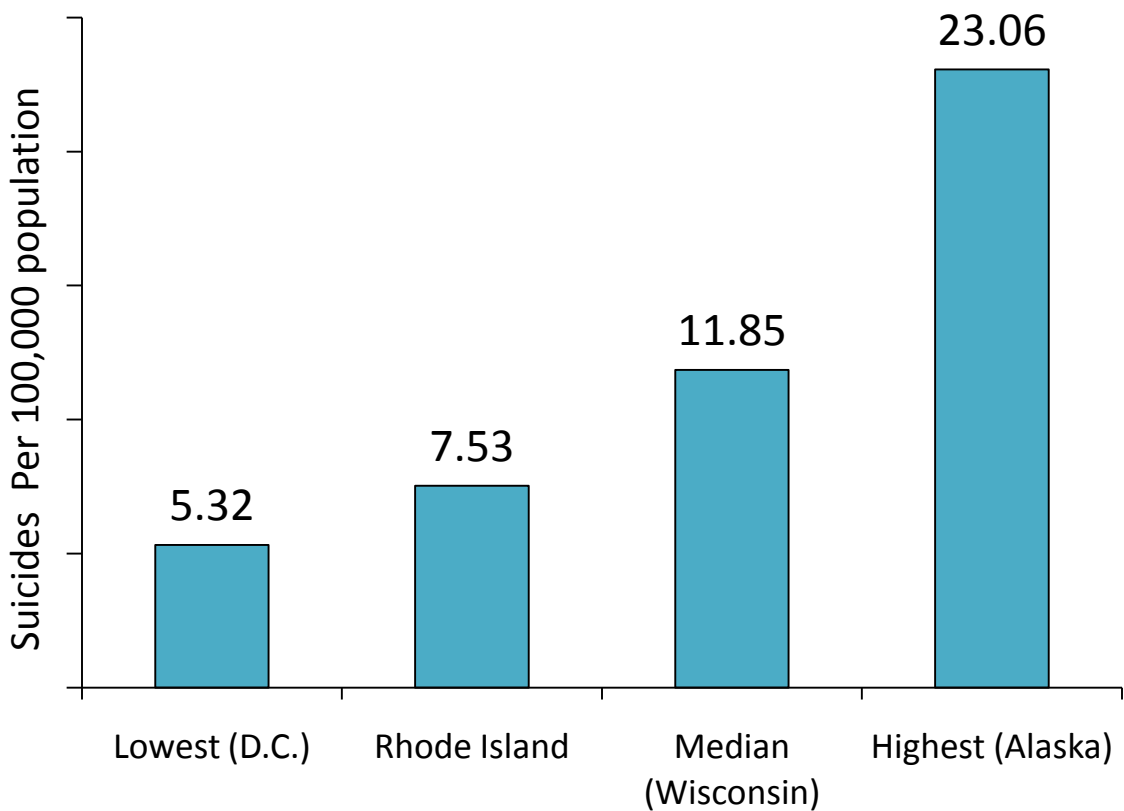
8% of Rhode Island high school students attempted suicide, 11% made a suicide plan, and 25% felt sad and hopeless enough to halt their usual activities.

Suicide Deaths by Gender, All Ages, RI 2005 – 2007



Males accounted for 78% of all suicide deaths in Rhode Island during 2005 – 2007.

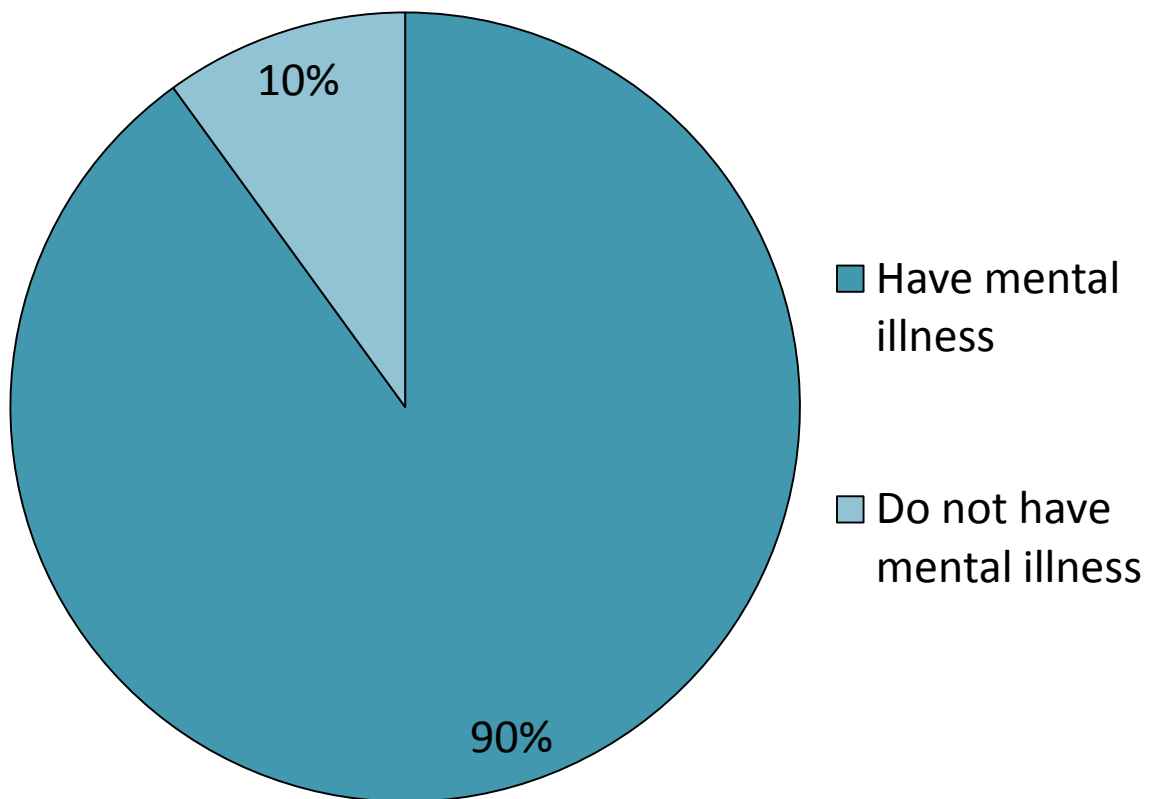
Ranking of States by Suicide Rates



Rhode Island's suicide rate is 5th lowest in the nation .

Data source: Ranking America's Mental Health: An Analysis of Depression Across the States , Mental Health America, 2007

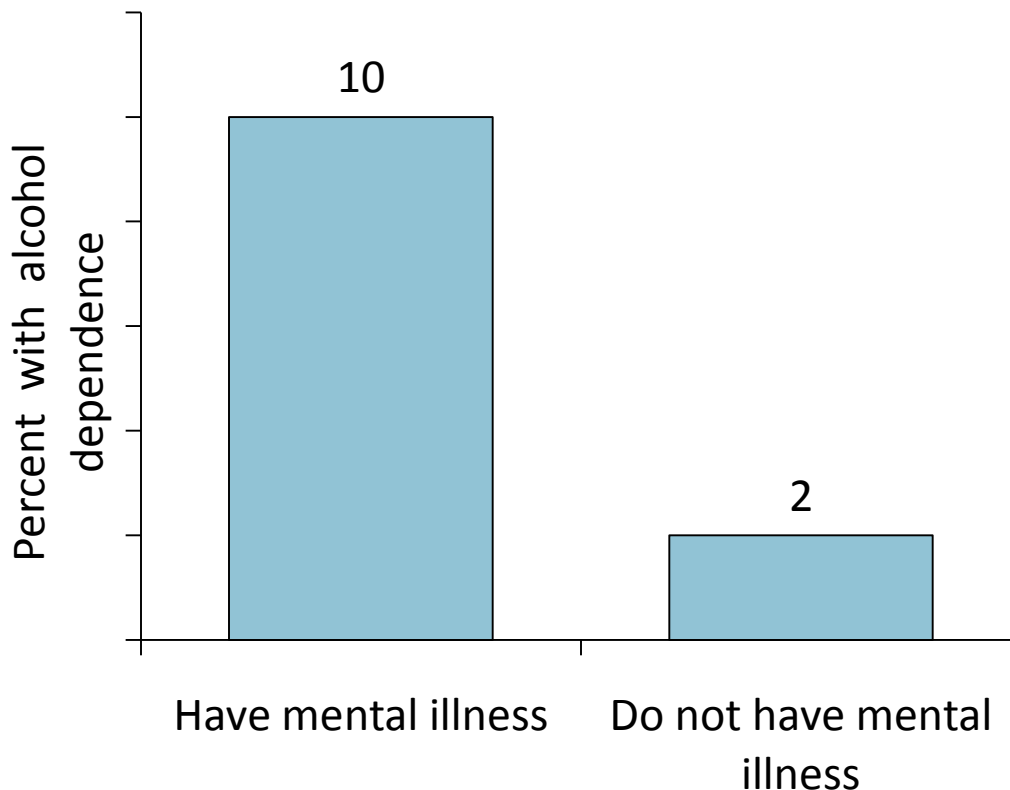
Mental Illness in Persons Committing Suicide (National Estimate)



More than 90% of people who die by suicide have depression and other mental illness, or a substance-abuse disorder often in combination with other mental illness.

Data source: Moscicki EK. Epidemiology of completed and attempted suicide: toward a framework for prevention. *Clinical Neuroscience Research*, 2001; 1: 310-23.

Alcohol Dependence Among Adults Diagnosed with a Mental Illness (National Estimate)



10% of people with a diagnosed mental illness are alcohol dependent, compared with 2% of those without a mental illness diagnosis.

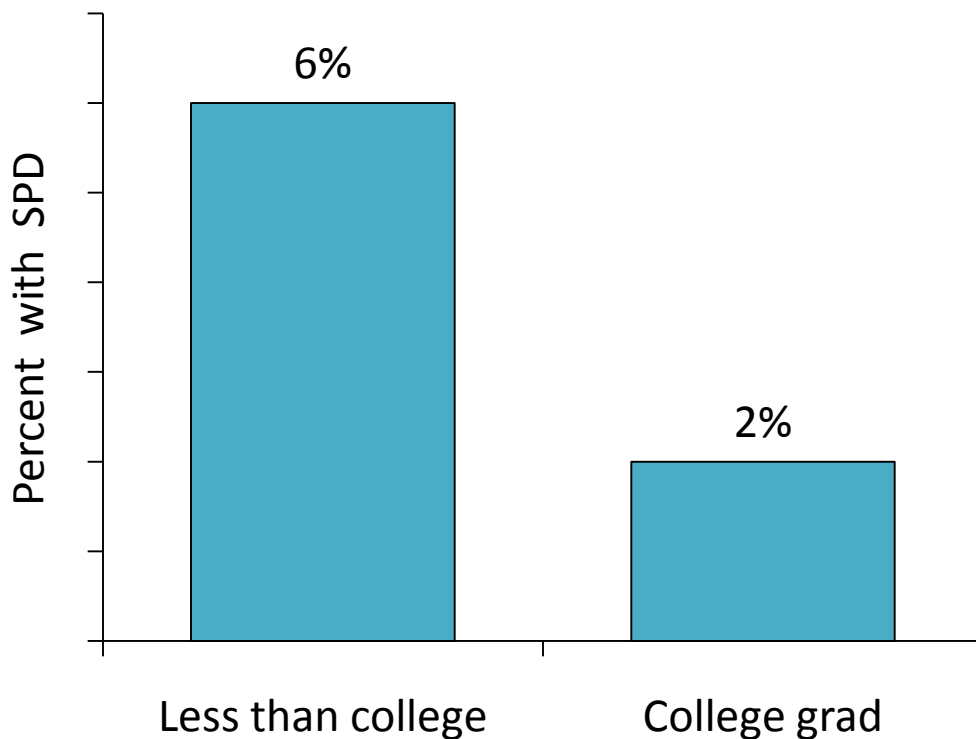
Data source: "Alcohol Dependence is More Likely among Adults with Mental Illness than Adults without Mental Illness". Center for Behavioral Health Statistics and Quality: Data Spotlight. National Survey on Drug Use and Health, May 31, 2011

<http://oas.samhsa.gov/spotlight/Spotlight027AlcoholDependence.pdf> .

B. Mental Illness and Socio-Economic Status

This section includes data from RI's Behavioral Risk Factor Surveillance System (<http://www.health.ri.gov/data/behaviorriskfactorsurvey>), from the National Alliance on Mental Illness (NAMI) State Advocacy 2010 report for RI (<http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93518>), Mental Health United States, 2008 (<http://store.samhsa.gov/product/SMA10-4590>), and the RI Homeless Management Information System (<http://www.rihomeless.org/>), as well as from other sources as indicated.

Serious Psychological Distress (SPD)* Among Adults by Education, RI 2007

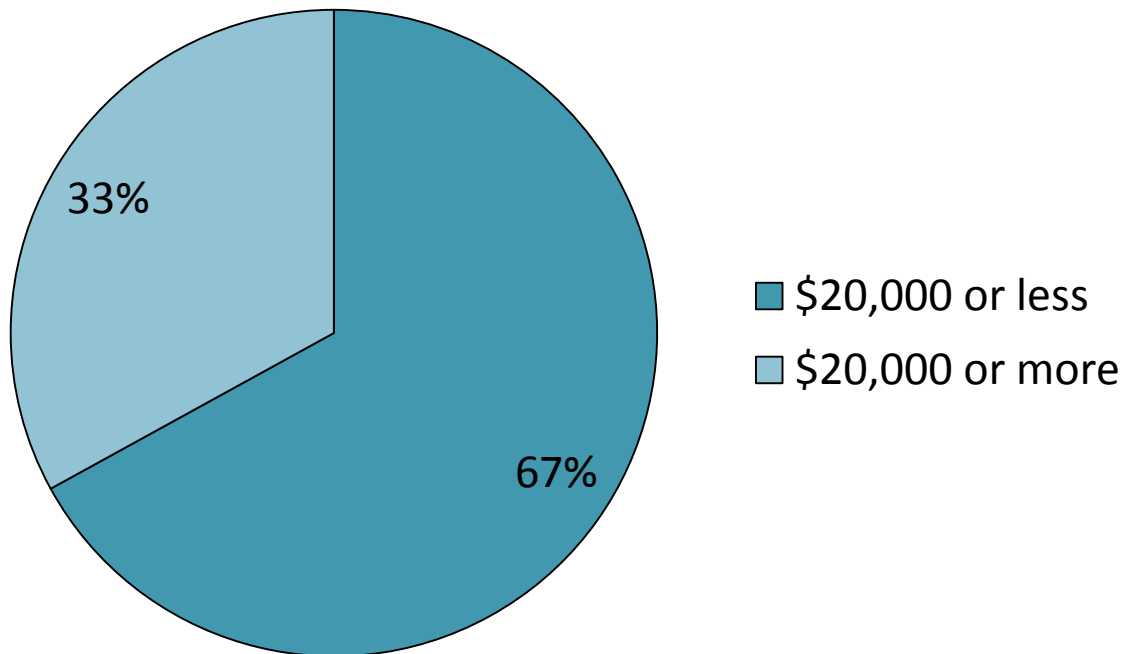


6% of RI adults with less than a college education suffer from SPD, compared with 2% of those who are college graduates.

*During the past month.

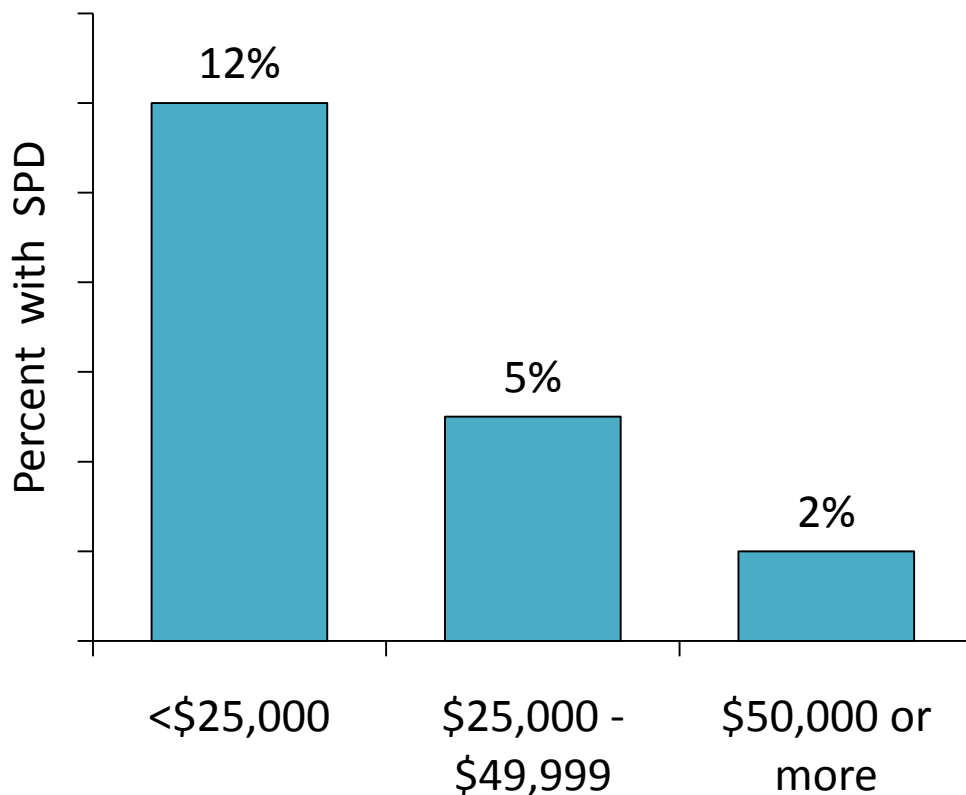
Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Annual Income of Persons with Mental Illness (National Estimate)



Two- thirds of persons with mental illness have an annual income of less than \$20,000.

Serious Psychological Distress (SPD)* Among Adults by Income**, RI 2007



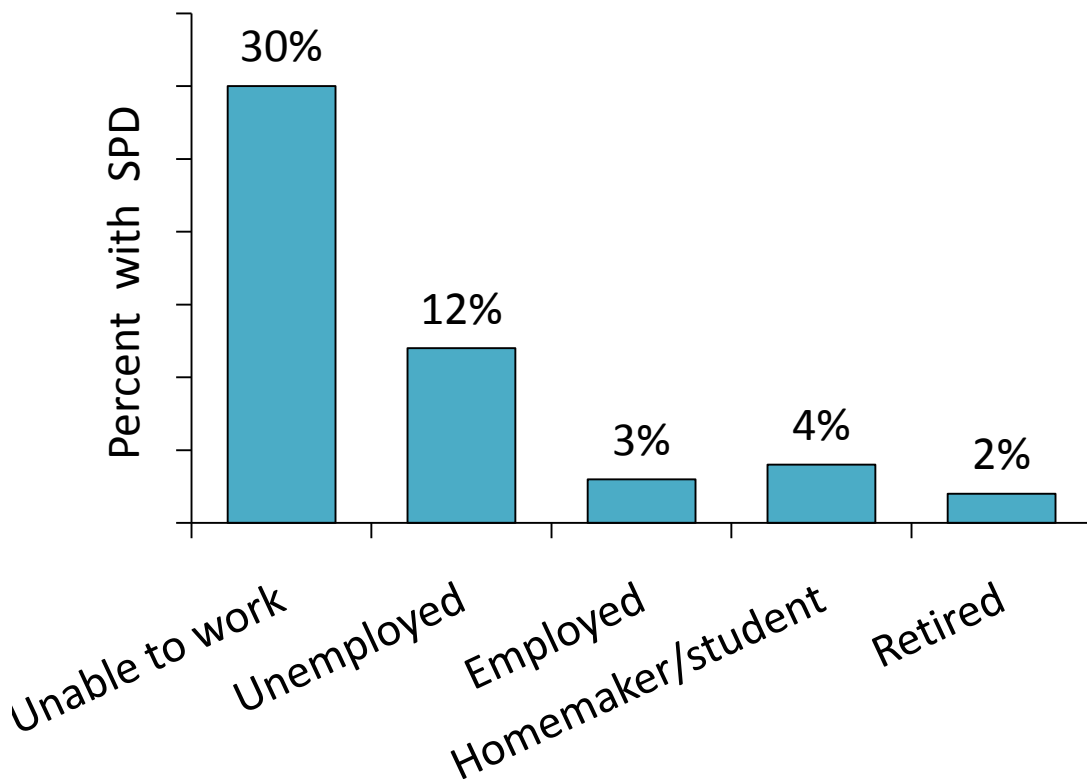
12% of RI adults with incomes less than \$25,000 suffer from SPD, versus 2% of those with incomes of \$50,000 or more.

*During the prior month

**Annual household income

Data Source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Serious Psychological Distress (SPD)* by Employment Status, RI 2007

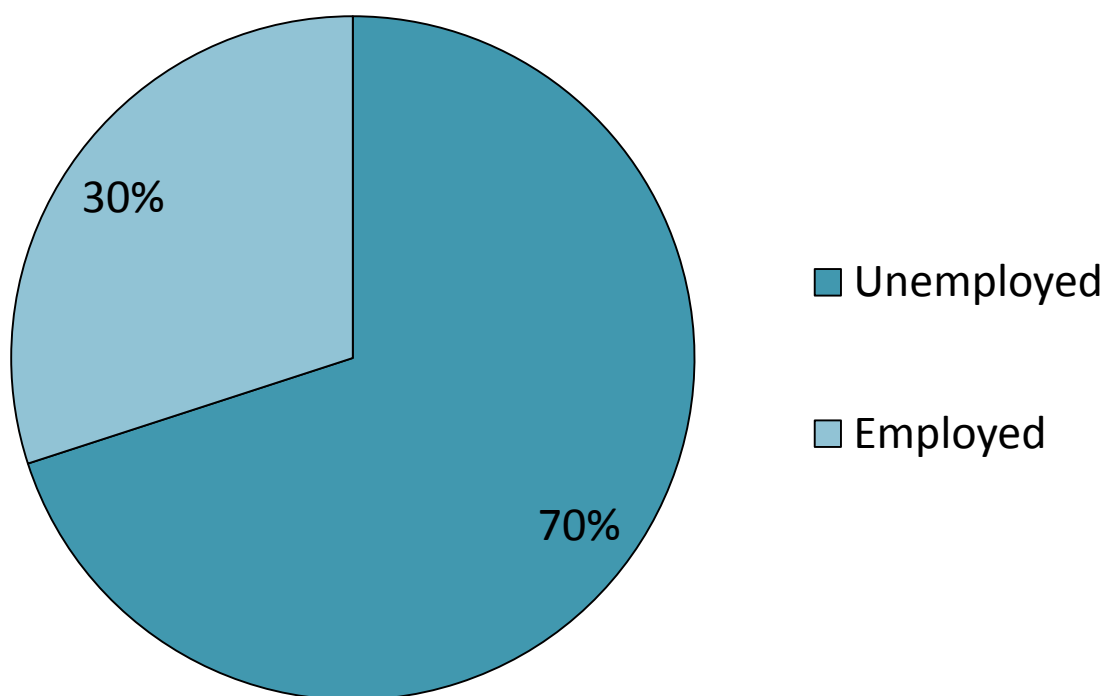


30% of RI adults unable to work, and 12% of those who are unemployed suffer from SPD compared to fewer than 4% of other adults.

*During the prior month

Data Source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

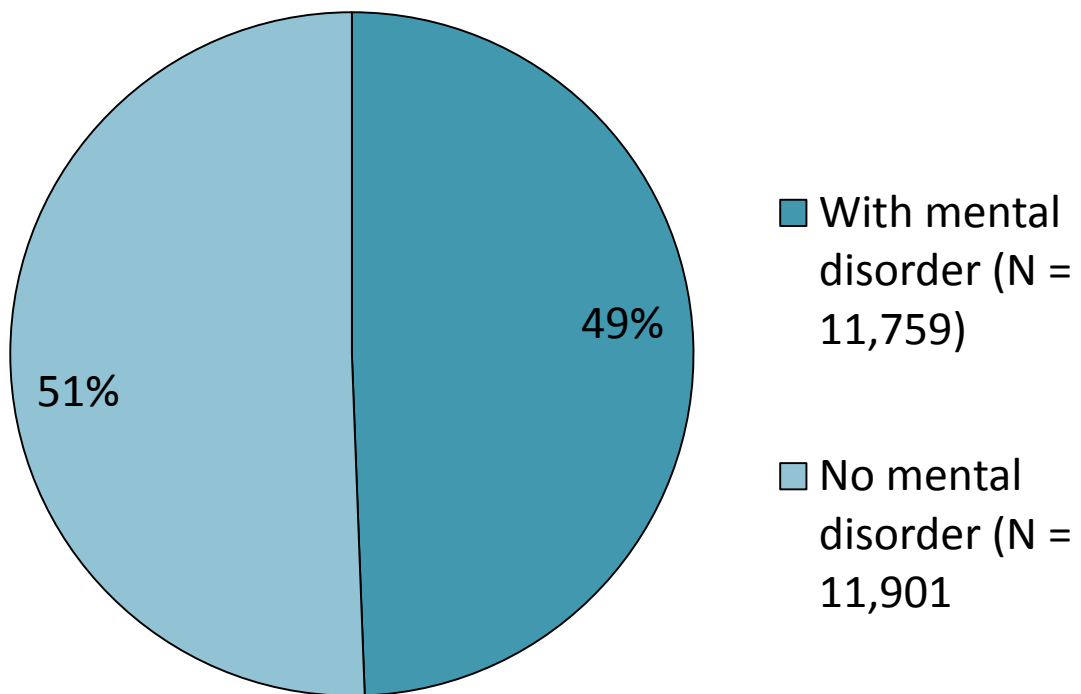
Unemployment Among Persons with Severe Mental Illness (2003 National Estimate)



70% of people with severe mental illness were unemployed in 2003.

Data Source: Nat'l Assoc of State Mental Health Program Directors (NASMHPF) and Advocates for Human Potential, Inc. Promoting Independence and Recovery through Work: Employment for People with Psychiatric Disabilities, (Nat'l Gov's Ass, Center for Best Practices:2007), www.nga.org/files/pdf0707MHWEBCASTBRIEF.pdf

SSI* Recipients with Mental Disorders, Persons Under Age 65, RI, 2007

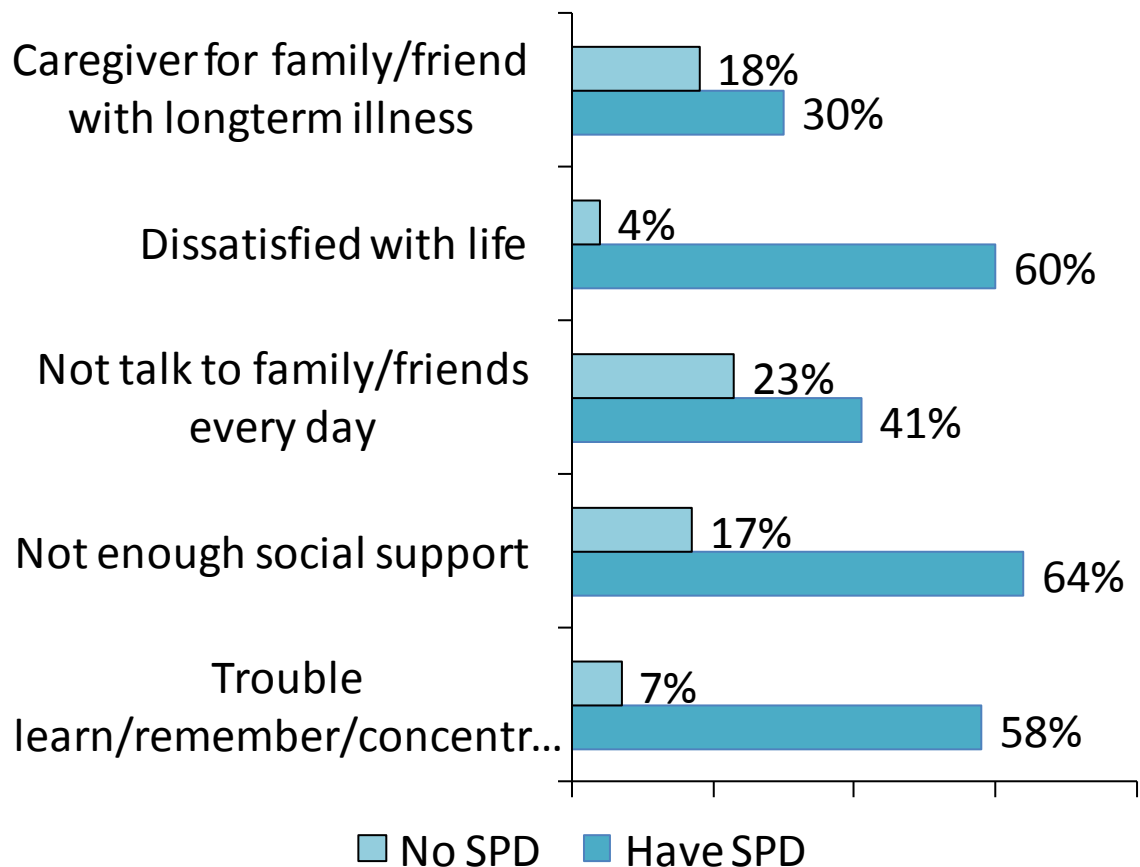


49% of SSI recipients under the age of 65 have a mental disorder.

* Supplemental Security Income

Data Source: Mental Health United States, 2008

Social Risks Among Adults with Serious Psychological Distress (SPD)*, RI 2007

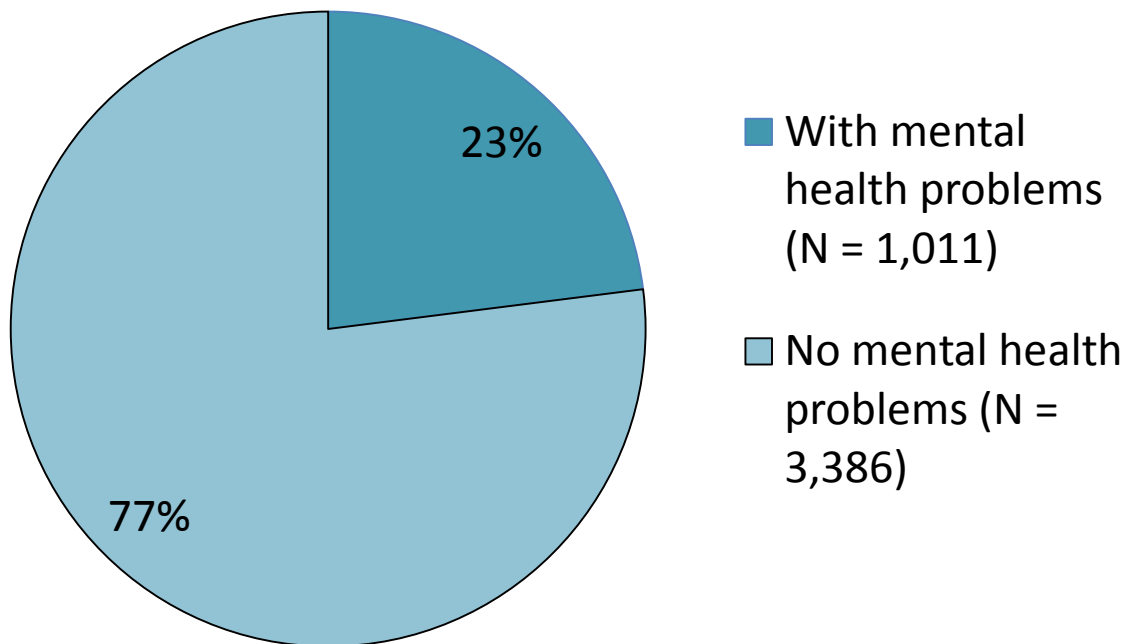


RI Adults with SPD are significantly more likely than other adults to be at risk for each of 5 social risk indicators.

*During the prior month

Data source: RI Dept of Health, RI Behavioral Risk Factor Surveillance System, 2007

Mental Health Problems in the Homeless* Population, RI 2010

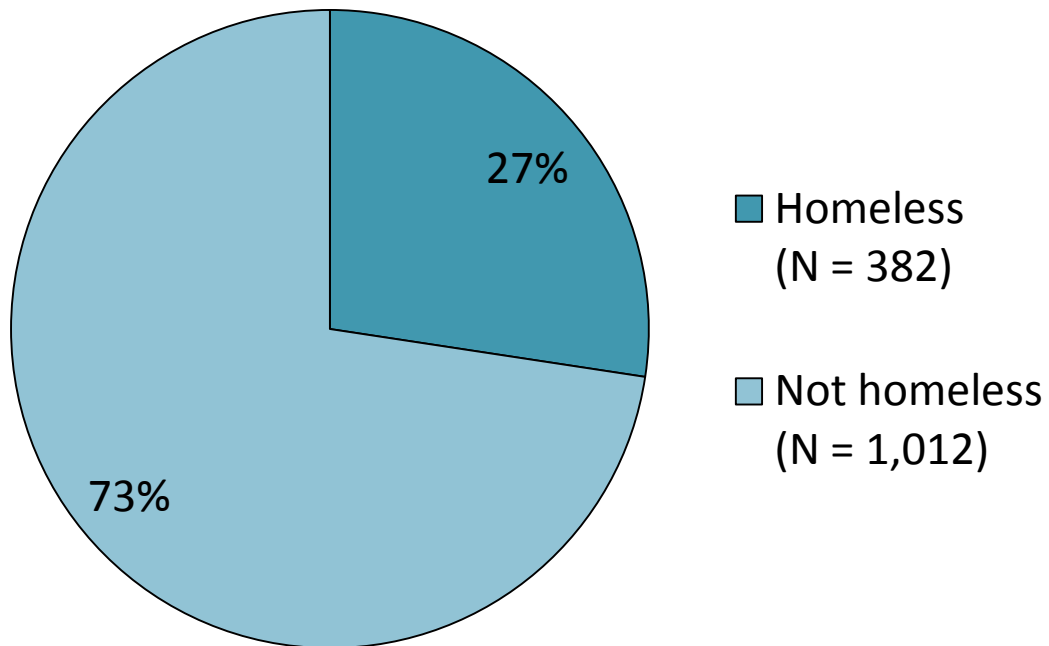


23% of Rhode Island's homeless population have mental health problems.

*39% of those in RI's homeless system enter in families. Only 17% of those in families have a long-term disability. Among the single adults, about one-third do not have a disability of any kind. The large majority of homeless are not chronically homeless and only spend a short time in the system. Homeless people who are chronically homeless have a very high rate of mental health disabilities.

Data Source: RI Homeless Management Information System
(<http://www.rhomeless.org/>)

Homelessness Among DBH*-funded Acute Psychiatric Admissions, RI 2009



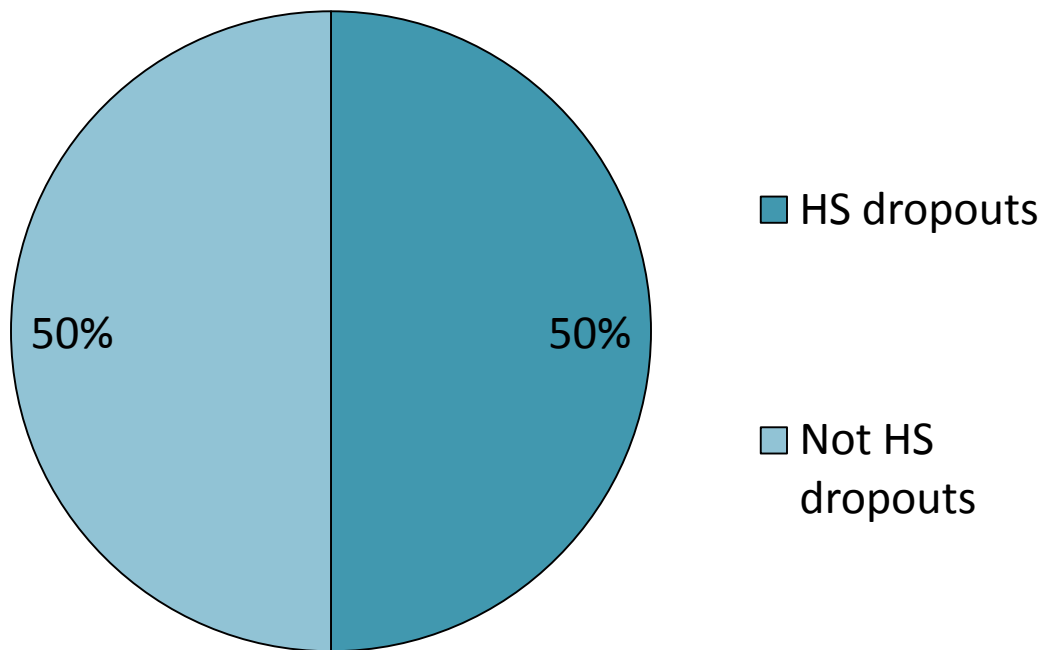
In 2009, 27% of acute psychiatric admissions funded by RI's Division of Behavioral Health were homeless.

* Division of Behavioral Health

Data Source: RI Homeless Management Information System

(<http://www.rihomeless.org/>) (Primary data from BHDDH data collection system)

High School Dropouts Among Students Ages 14 and Older with Mental Illness (National Estimate)



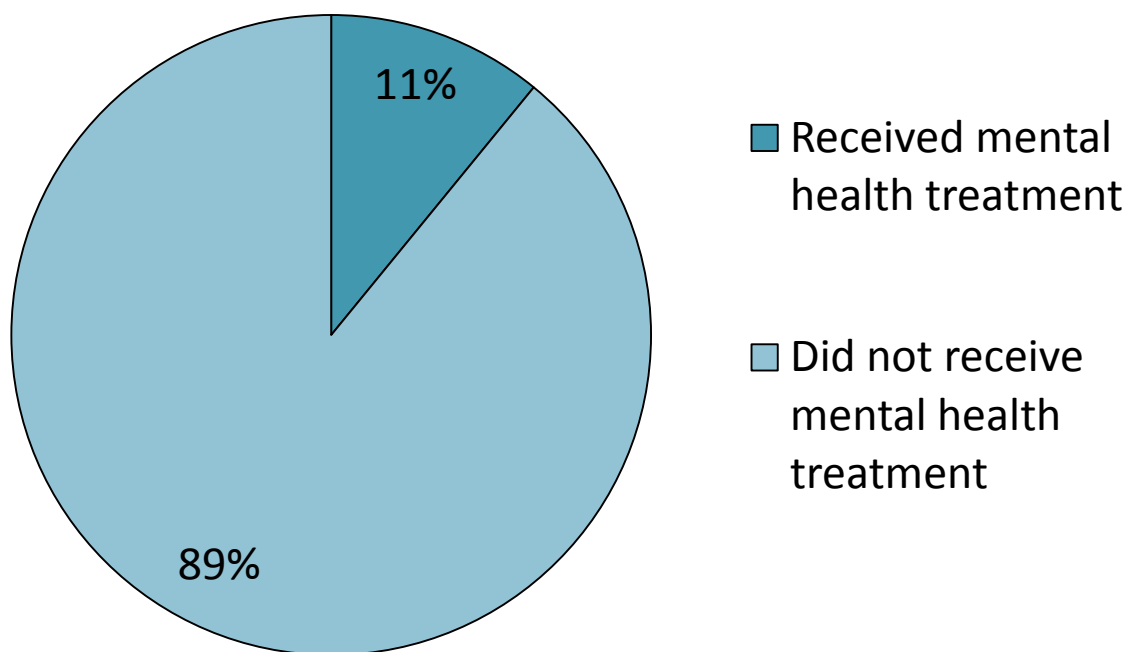
Half of HS students ages 14 and older with mental illness dropout of high school, which is the highest dropout rate of any disability group.

Data source: U.S. Department of Education, 2006

C. Mental Illness and Health Care Utilization

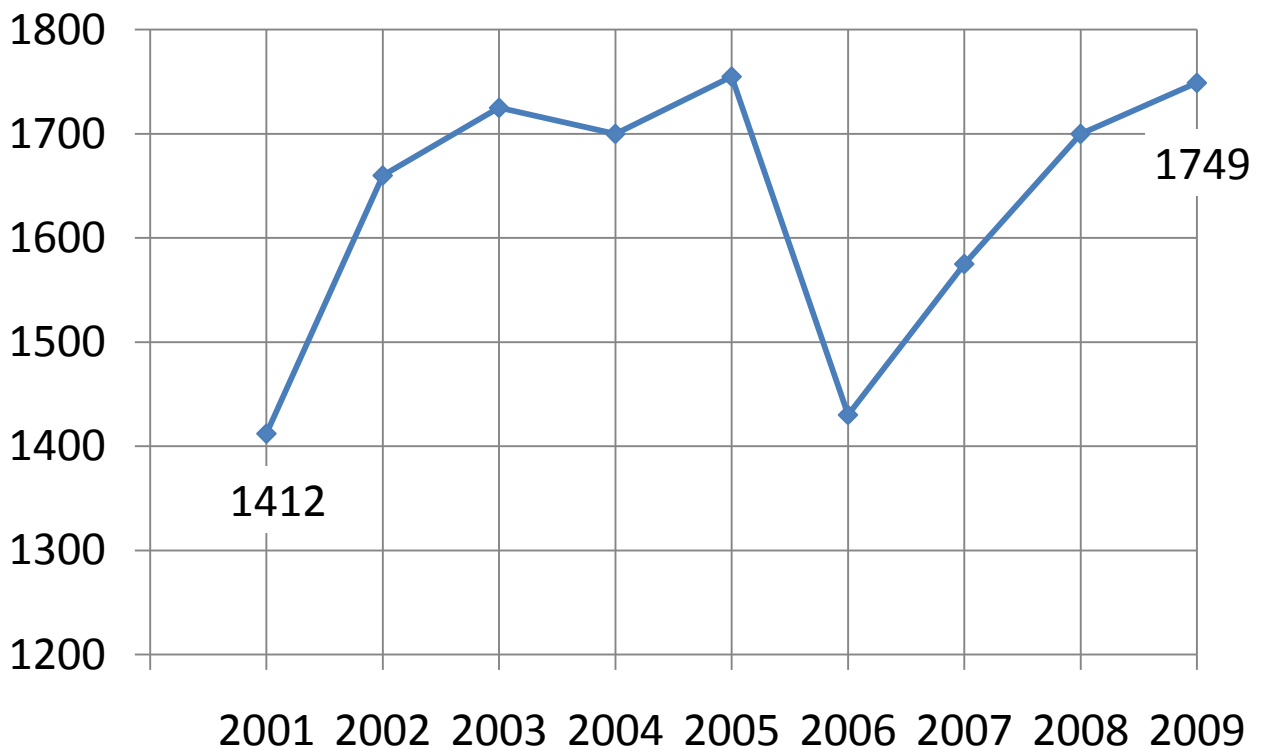
This section includes data from The RI Health Plans Performance Report 2008 [www.health.ri/](http://www.health.ri.gov) , RI Hospital Discharge Data (<http://HCUPnet.ahrq.gov/>) , from the NAMI State Advocacy 2010 report for RI <http://www.health.ri.gov/publications/reports/HealthPlanPerformanceReport.pdf>, Mental Health United States, 2008 <http://store.samhsa.gov/product/SMA10-4590> and other sources as indicated.

Members of RI Commercial Health Plans with a Mental Health Benefit that Received Any Mental Health Treatment During 2008



11% of the members of RI Health Plans with a mental health benefit received mental health treatment in 2008.

Hospitalizations* with Primary Diagnosis of Mental Disorder, Children Under Age 18, RI 2001 – 2009

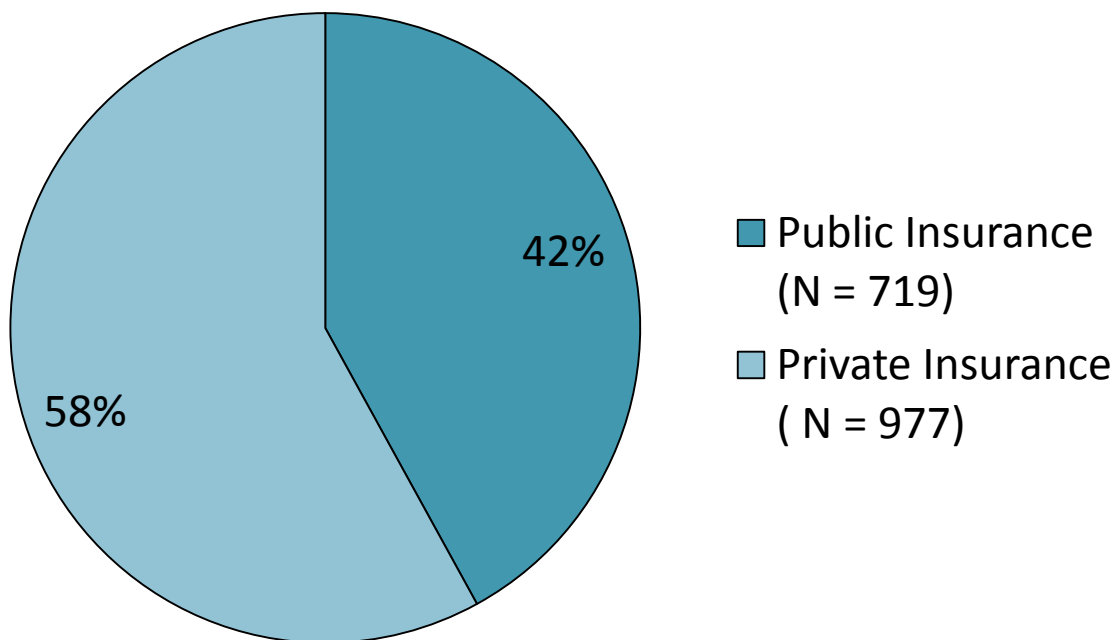


In 2009, there were 1,749 hospitalization of children with a primary diagnosis of mental disorder in RI's 12 hospitals.

* These data represent hospitalizations, not number of children: children or adolescents with more than one hospitalization may be counted more than once.

Data source: 2011 Rhode Island Kids Count Factbook

Children Under 18 Hospitalized* with a Primary Diagnosis of Mental Disorder, by Insurance Type, RI 2001- 2008



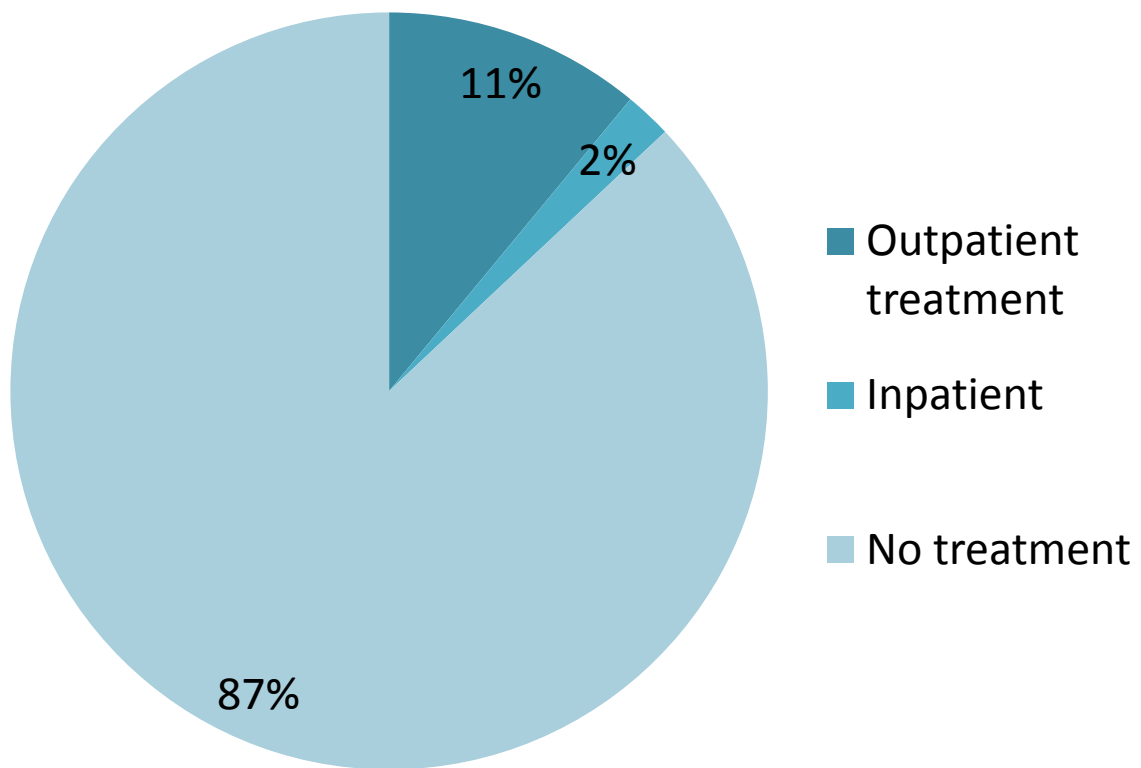
Of children hospitalized for a mental disorder, 42% were covered by public insurance and 58% were covered by private insurance. **

* There are no public psychiatric hospital admissions for children in RI.

** In RI, 28% of children under age 19 are covered by public insurance, 64% by private insurance, and 8% are uninsured

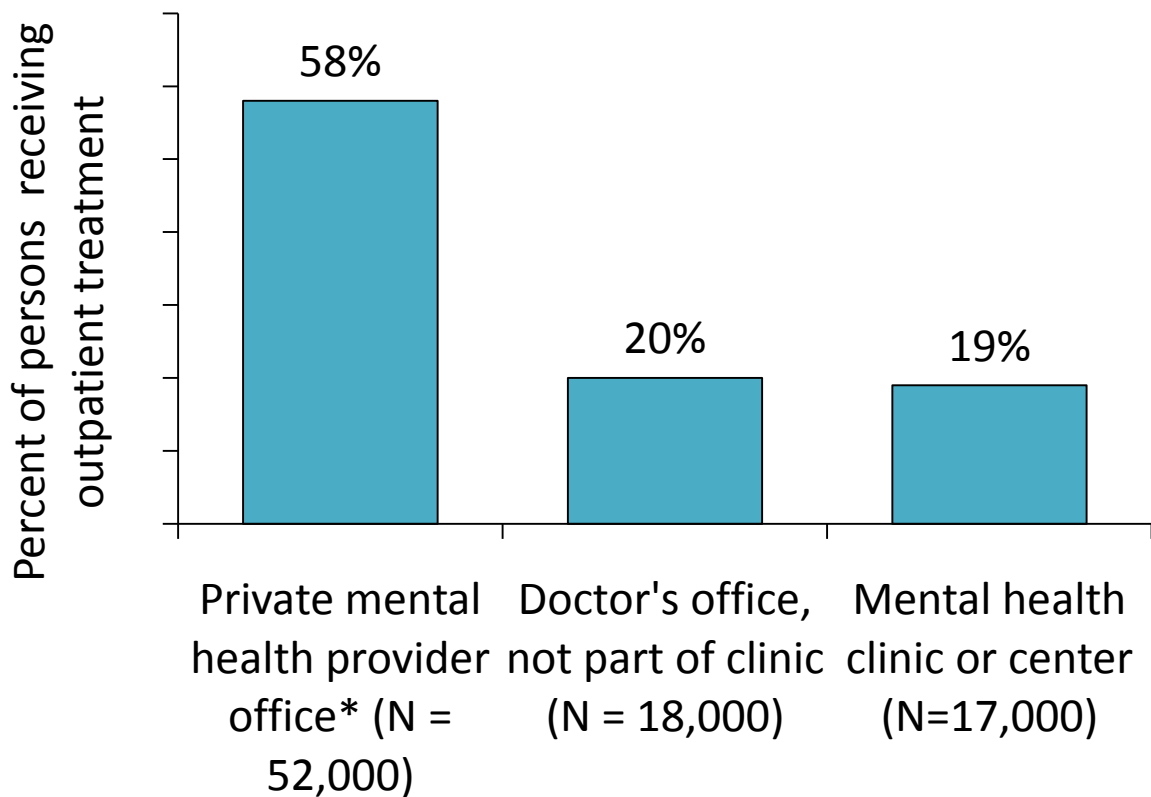
Data source: RI Dept of Health, RI Hospital Discharge Data reported in Rhode Island Kids Count Issue Brief, Jan 2010.

RI Youth Ages 12 – 17 Receiving Outpatient Mental Health Treatment, 2005 – 2007 Annual Average



11% of RI youth (about 10,000) received outpatient mental health services each year, and 2% received inpatient mental health services.

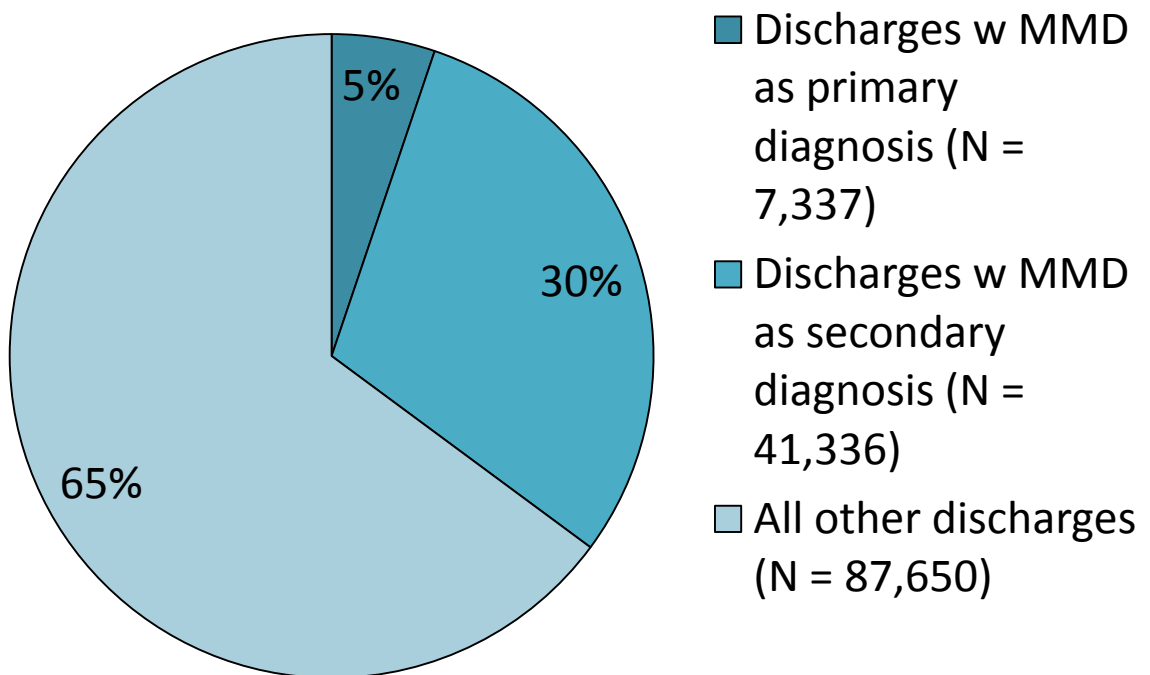
Adults Ages 18 and Older Who Received Outpatient Mental Health Treatment, by Treatment Setting, RI 2005 – 2007 Annual Average



58% of adults receiving outpatient mental health services were treated in a private mental health provider's office*.

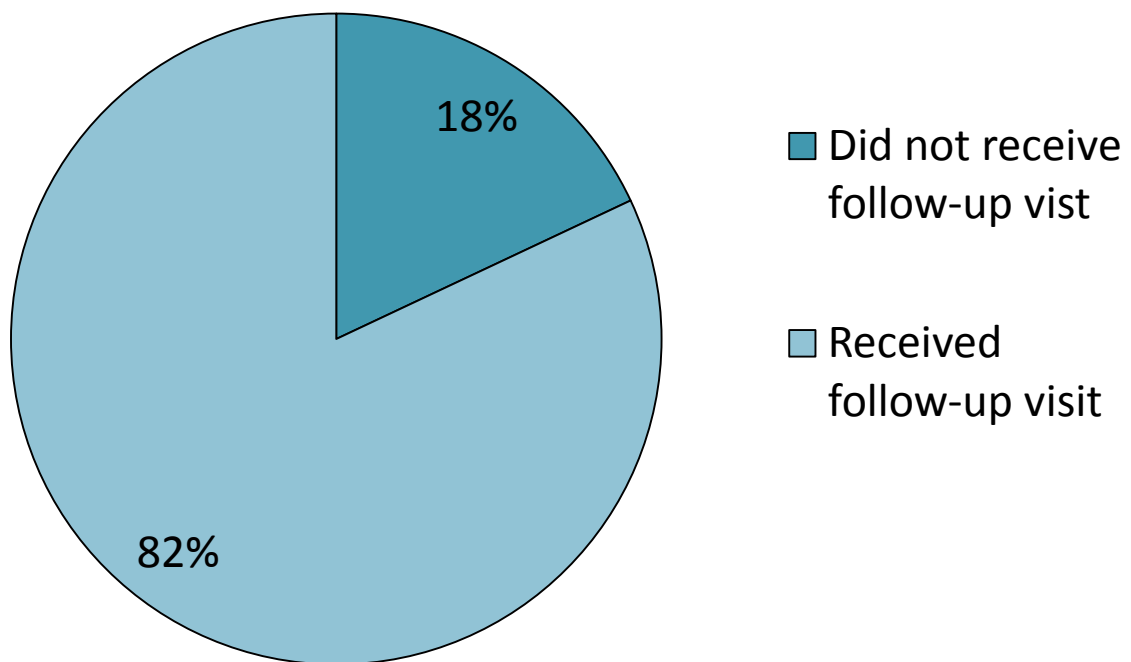
*Private therapist,, psychologist, psychiatrist, social worker, or counselor
Data source: Mental Health United States, 2008

Private Hospital Discharges with a Diagnosis of Mental Disease and Disorder (MDD), RI 2009



5% of private hospital discharges in 2009 had MDD as the primary diagnosis; 30% had MDD as a secondary diagnosis.

Members (ages 6+) in RI Health Plans Discharged from Hospital Mental Health Treatment Who Received a Follow-up Visit Within 30 Days Post-discharge, 2008

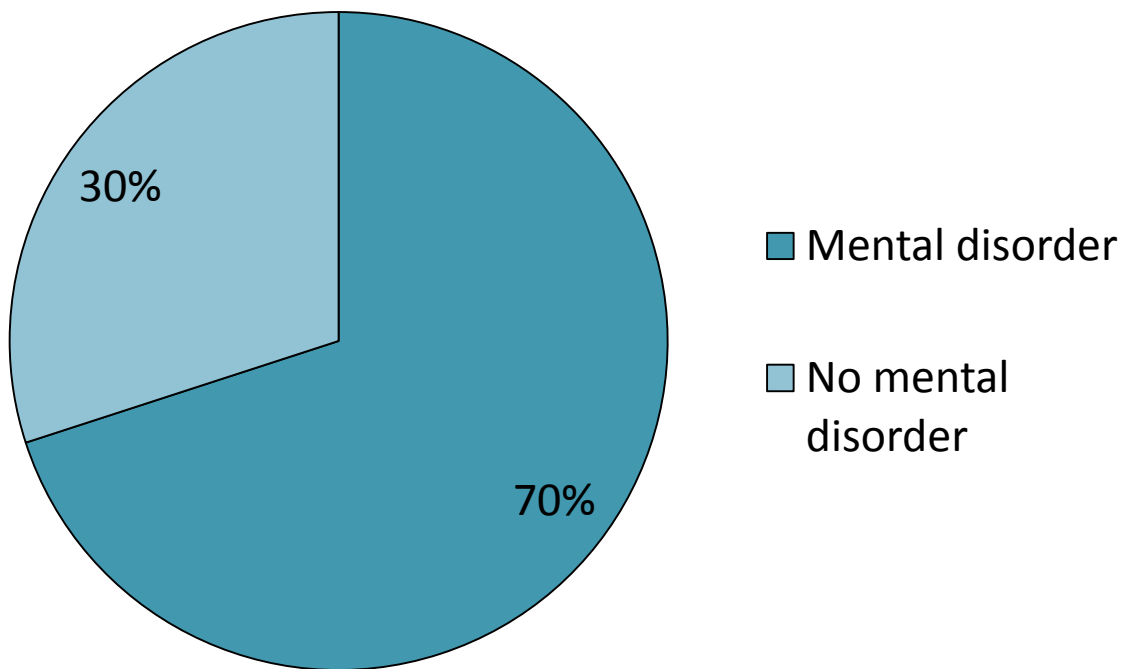


82% of RI Health Plan members discharged from hospital mental health treatment received a follow-up visit within 30 days.

D. Mental Illness and Criminal Justice Involvement

This section includes data from the NAMI State Advocacy 2010 report for RI <http://www.health.ri.gov/publications/reports/HealthPlanPerformanceReport.pdf>, Mental Health United States, 2008 <http://store.samhsa.gov/product/SMA10-4590>, the US Dept of Justice, Bureau of Justice Statistics <http://bjs.ojp.usdoj.gov/>, and other sources as indicated.

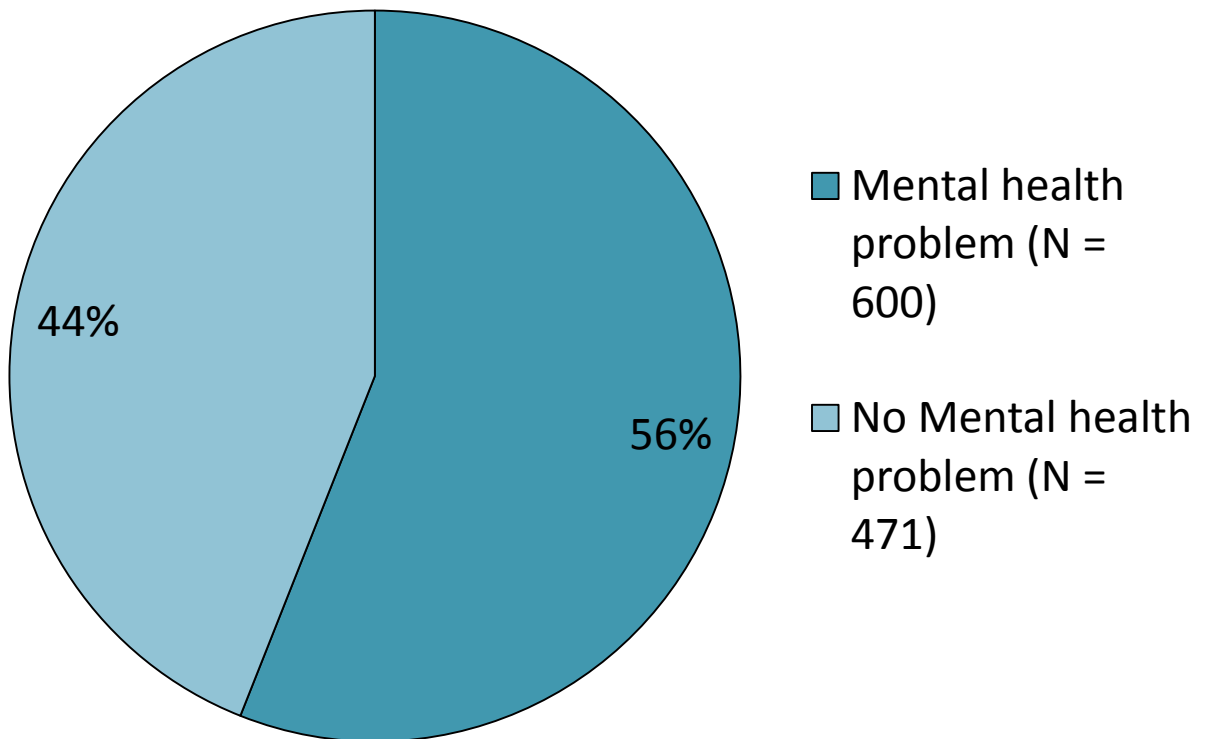
Youth Incarcerated in the Juvenile Justice System with Mental Health Disorders, RI 2006



Of 348 youth incarcerated in RI's juvenile justice system in 2006, it is estimated* that 243 had a mental disorder.

*Percentage used for calculation based on national estimates
Data Source: NAMI, State Advocacy RI, 2010.

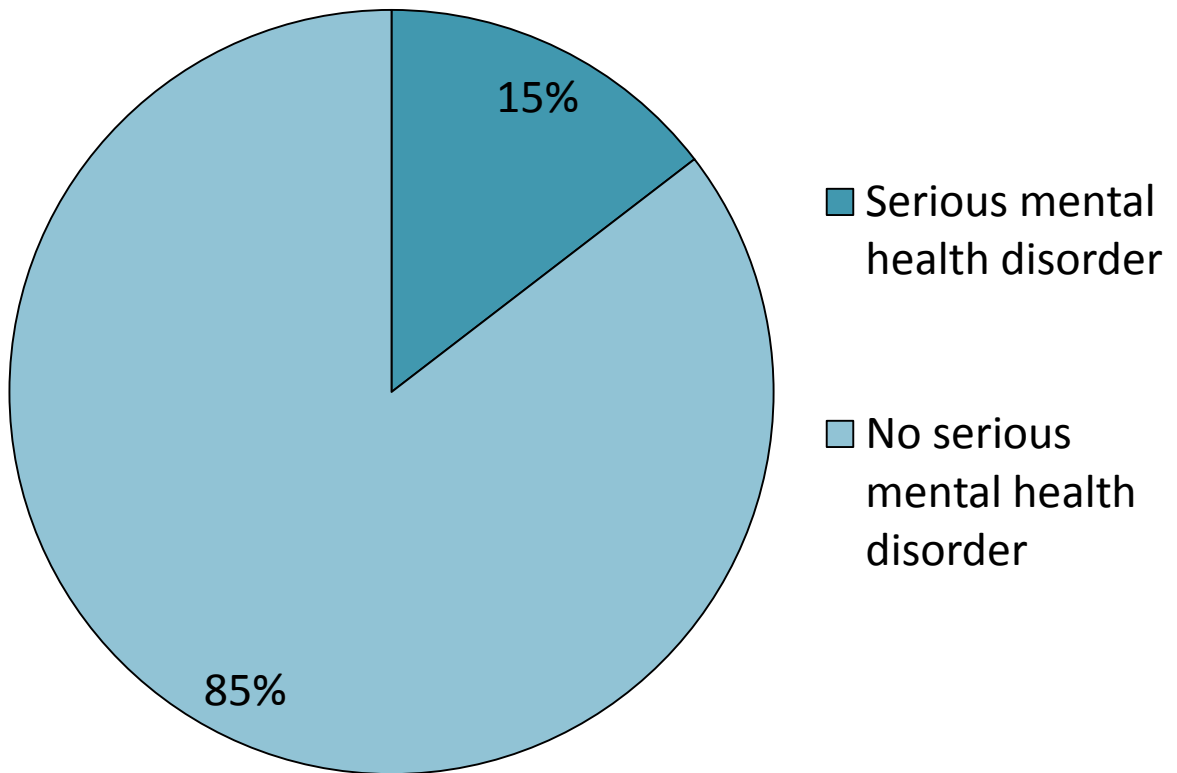
Mental Health Problems of State Prison Inmates, RI 2008



It is estimated* that approximately 56% of adults incarcerated in Rhode Island prisons and jails in 2008 had a mental illness.

*Percentage used for calculation based on 2004 national estimates
Data Source: U. S. Dept. of Justice, Bureau of Justice Statistics, Special Report, 2006. Mental Health Problems of Prison and Jail Inmates.

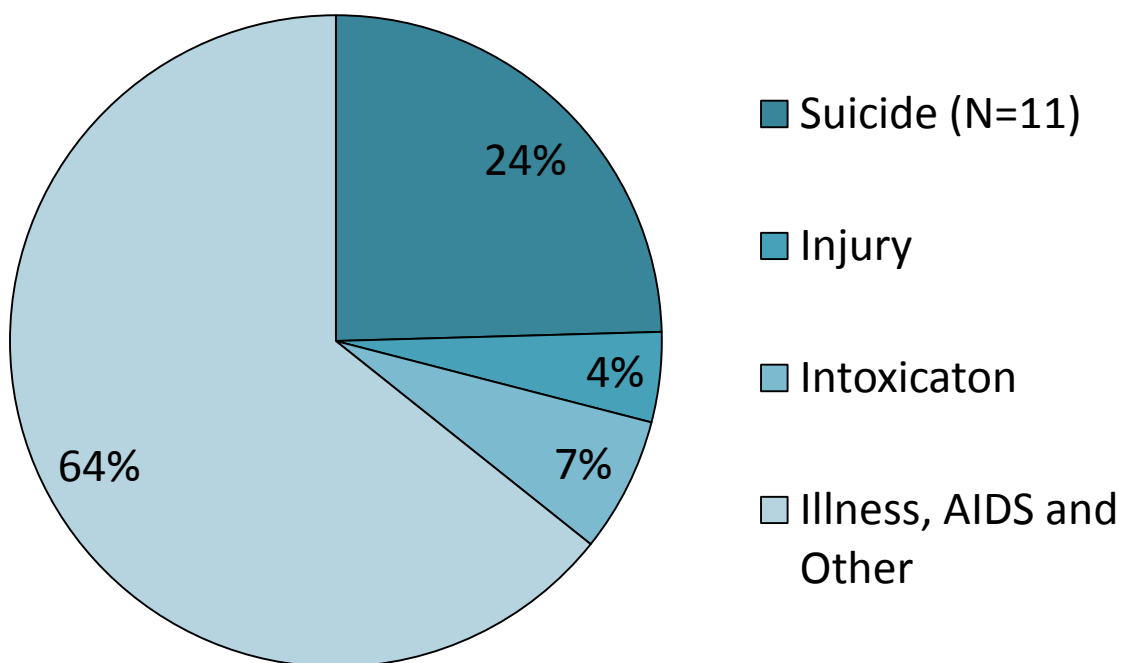
Serious Mental Health Disorders* of State Prison Inmates, RI 2009



Approximately 15% of adults incarcerated in Rhode Island prisons and jails in 2009 had a serious mental health disorder.

* Defined as bipolar spectrum disorder; schizophrenia and related thought disorders; and major depression. Excluded were prisoners with less serious mental illnesses such as anxiety disorders, including PTSD, adjustment disorders, ordinary depression or acute reactive psychiatric signs, symptoms and conditions, such as suicidal thinking, drug abuse and alcohol addiction.
Data Source: Justice Center of the Council of State Governments

Prisoner Deaths by Suicide and Other Causes, RI 2001 – 2007



Deaths due to suicide account for 24% of RI prisoner deaths.

Data Source: Death in Custody Statistical Tables – State Prison Deaths, 2001 – 2007

E. Technical Notes

Measurement of mental illness in children: While mental health practitioners and advocates in RI prefer the term “significant emotional disturbance” when referring to mental illness in children, in this report we use the terms used in the original data sources.

Measurement of mental illness in adults: Definitions are provided below for the following terms used in this report.

Serious mental illness (SMI) : Any DSM (Diagnostic and Statistical Manual of Mental Disorders) disorder, excluding V codes (conditions not attributable to a mental disorder, such as academic problems or malingering, that are a focus of attention or treatment), substance use disorders, and developmental disorders that lead to "substantial interference" with "one or more major life activities." Life activities are said to include "basic daily living skills such as eating and bathing, instrumental living skills (e.g., maintaining a household, managing money, getting around the community, and taking prescribed medication), and functioning in social, family, and vocational/educational contexts." The definition further notes that "adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illnesses." The disorders covered include anxiety disorders (generalized anxiety disorder, panic disorder, phobias, and posttraumatic stress disorder), mood disorders (bipolar disorder, dysthymia, and major depression), schizophrenia, and other non-affective psychoses.¹

Serious Psychological Distress (SPD): As measured by RI’s Behavioral Risk Factor Survey, an SPD score (based on a standardized and validated instrument) was calculated based on a respondent’s answers to questions about how many days in the prior month they felt nervous; hopeless; restless or fidgety; depressed; worthless; or that “everything is an effort”. A score of ≥ 13 indicated SPD.² SPD refers to a mental condition that negatively impact one’s ability participate in family and community life. SPD is associated with mental health problems that are not as severe as as those characterized as serious mental illness, but have a negative impact on a person’s functioning. Most persons who have SMI are part of the larger group of persons who have SPD.³ SPD reported from national data is based on a prior year look back period, using the same measure as above.³

¹Kessler, R.C. et al. The Prevalence and Correlates of Untreated Serious Mental Illness, HSR: Health Services Research 36:6 (December 2001) Part I

² Hesser JE and Jiang Y. Serious Psychological Distress and Associated Health Conditions and Risks Among Rhode Island Adults in 2007, RI Department of Health, 2008.

www.health.ri.gov/publications/healthriskreports/adults/2007seriouspsychologicaldistress.pdf⁴⁹

³Mental Health United States, 2008, p. 11

Technical Notes, cont'd

Major Depressive Episode: This definition applies to both adults and adolescents for the MDE data presented in this report.

According to DSM-IV, a person is defined as having had MDE if he or she has had at least five or more of the following nine symptoms nearly every day in the same two-week period (where at least one of the symptoms is a depressed mood or loss of interest or pleasure in daily activities: (1) depressed mood most of the day; (2) markedly diminished interest or pleasure in all or almost all activities most of the day; (3) significant weight loss when not sick or dieting, or weight gain when not pregnant or growing, or decrease or increase in appetite; (4) insomnia or hypersomnia; (5) psychomotor agitation or retardation; (6) fatigue or loss of energy; (7) feelings of worthlessness; (8) diminished ability to think or concentrate or indecisiveness; and (9) recurrent thoughts of death or suicidal ideation. ⁴

Disability: Respondents represented in data from the Behavioral Risk Factor Surveillance System presented in this report were defined as having a disability if they answered “yes” to either one or both of the following two questions: “Are you limited in any way in any activities because of physical, mental, or emotional problems?” and “Do you now have any health problem that requires you to use special equipment?” ⁵

⁴ Ranking America’s Mental Health: An Analysis of Depression Across the States , Mental Health America, 2007/ p 34.

⁵ Hesser, JE, Jiang, Y and Kim, H. Disability and Health Risks Among Rhode Island Adults 18 – 64 Years of Age in 2008, Rhode Island Department of Health, 2009.

www.health.ri.gov/publications/healthriskreports/adults/2006Disability.pdf